

Case Number:	CM14-0045519		
Date Assigned:	06/27/2014	Date of Injury:	05/04/2004
Decision Date:	08/18/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehab and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 53-year-old male was reportedly injured on March 4, 2004. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 21, 2014, indicates that there are ongoing complaints of neck pain. Current medications include Exalgo, Citalopram, clonazepam, MS Contin, tizanidine, Carvedilol, hydralazine, potassium, vitamin C, and vitamin D. The physical examination demonstrated decreased range of motion and tenderness over the paraspinal muscles with spasms. A Spurling's maneuver was stated to cause pain but no radicular symptoms. There was a normal upper extremity neurological examination. There was a request to continue current medications, aquatic therapy, hypnotherapy, as well as a plan for future cervical spine therapy. Diagnostic imaging studies are not commented on. A request was made for clonazepam and MS Contin and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Clonazepam 0.5mg 1 tab at bedtime #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page(s): 24 OF 127.

Decision rationale: The most recent progress note dated March 21, 2014, indicates that the injured employee has been previously prescribed clonazepam. There is no documentation about the efficacy achieved from this medication. Furthermore The California Chronic Pain Medical Treatment Guidelines do not recommend long-term usage of clonazepam as its long-term efficacy is unproven and there is a risk of dependence. For these reasons, this request for clonazepam 0.5 mg one tablet at bedtime is not medically necessary.

MS Contin 15mg 1 time per day for 15 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 OF 127.

Decision rationale: The CA MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee is stated to have chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for MS Contin is not medically necessary.