

Case Number:	CM14-0049287		
Date Assigned:	09/10/2014	Date of Injury:	01/31/2003
Decision Date:	10/10/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 40 year old female who reported an injury on 01/31/2003. The mechanism of injury reportedly occurred by moving heavy objects and later developed a sharp pain to her low back and felt a pop. Her diagnoses included chronic pain, depression, and fibromyalgia. Her treatments consisted of several lumbar epidurals, medications, heat/ice, and a walker or cane for ambulation. Her previous diagnostics were not provided. She had an L4-5 discectomy in January 2005 and an anterior posterior L3-S1 fusion on 10/21/2008. On 10/22/2013 she complained of severe low back pain rated 10/10 with radiation down both legs with spasms. She also reported stabbing/cutting pain in her arms. It was noted that she was very guarded and tearful when she was giving the pain physician information about her medical history. Objective findings were not provided. Her medications were noted as Dilaudid 4mg 1 tablet 3 times daily and 2 tablets at bedtime, and Mirtazepine 45mg at bedtime. It also looked like she was taking MS Contin 30mg, but the handwriting on the clinical note was illegible. The treatment plan was for Clonazepam 1 mg take one three times daily count #90. The rationale for the request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1 mg take one three times daily count #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Based on the clinical information submitted for review, the request for Clonazepam 1 mg take one three times daily count #90 is not medically necessary. As stated in California MTUS Guidelines, benzodiazepines are not recommended for long-term use because long term efficacy is unproven and there is a risk for dependence. Long term use of the medication may increase anxiety. The injured worker reported severe low back pain that radiated down both of her legs. She reportedly got several lumbar epidurals in the past. The guidelines state that the effectiveness of benzodiazepines is unproven and there is a risk for dependence. The rationale for the request was not provided. Most of her history provided was illegible so it was difficult to gather information as to the necessity of the medication. In addition, the duration of the injured worker's benzodiazepine use cannot be determined from the documentation provided. As such, the request for Clonazepam 1 mg take one three times daily count #90 is not medically necessary.