MAXIMUS Federal Services

Case Number:	CM14-0061840		
Date Assigned:	07/16/2014	Date of Injury:	02/11/1999
Decision Date:	08/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/02/2014

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 & 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 s 49-year-old male who reported an injury on 02/18/1999. The mechanism of injury was not provided. The injured worker has diagnoses of discogenic lumbalgia, increasing in nature, with a 4 mm disc protrusion or herniation at L4-5 and L5-S1 with a 4 mm disc protrusion or herniation abutting the neural root sleeve; significant radicular pain; right S1 sensory radiculopathy with decreased sensation, hyperreflexia, periods of exacerbation of lumbalgia and weakness; chronic regional pain syndrome; and bilateral knee pain patellar tendonitis bilaterally. Past treatments included medications. Prior diagnostic studies included an MRI on 04/23/2010 and x-rays. There was no pertinent surgical history provided. On 06/25/2014, the injured worker complained of back pain, back stiffness, numbness in the right leg and pain. The pain was described as aching, burning, cramping, throbbing, shocking, going down legs, spasm, tingling, numbing, and shooting down feet which was worse at night. Pain level was a 7/10. Upon exam, the injured worker was uncomfortable and had difficulty walking, sitting, and standing. Muscle strength for all group tests was 5/5. Muscle tone was decreased bilaterally in the gluteus muscles, hamstrings, and hip abduction. Lumbosacral exam revealed pain to palpation over L3-4, L4-5, and L5-S1 facet capsules and spinous processes bilaterally. Medications include Klonopin 1 mg tab one twice a day, Doxazosin 4 mg at bedtime, Fentanyl 25 mcg/hr film extended release 1 patch to skin every 48 hours, Norco 325 mg-10mg one tablet twice a day, and Zanaflex 4 mg one twice a day. The treatment plan was for Clonazepam 1 mg #60. The Request for Authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23..

Decision rationale: The request for Clonazepam 1 mg #60 is not medically necessary. The injured worker has a history of chronic back pain. The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There appears to be little benefit for this class of drugs over non-benzodiazepines for the treatment of spasms. The injured worker has been on said medication for over a year. Therefore, continued use is not supported. As such, the request is not medically necessary.