MAXIMUS Federal Services

Case Number:	CM14-0066042		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2003
Decision Date:	08/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 04/15/2014 for reports of a low backache. The examination noted the lumbar range of motion was noted to at 5 degrees for extension and very limited due to pain and guarding. Allodynia was noted upon palpation of the paravertebral muscles. Spinous process tenderness was noted. Light touch sensation was noted to be decreased over the lateral foot, medial foot on both sides, and dysesthesias were present over the lateral thigh on both sides. The diagnoses included post lumbar laminectomy syndrome, low back pain, fibromyalgia, muscle spasm, and mood disorder. The treatment plan noted the patient was prescribed clonazepam for severe muscle spasm. However, there was to be tapering at future visits. The patient has been prescribed clonazepam since at least 10/22/2013. The request for authorization dated 04/21/2014 was provided. The clinical notes indicated the rationale for the request was severe muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1 mg #90 with 1 refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use due to the long-term efficacy is unproven and there is a risk for dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed clonazepam since at least 10/22/2013. The timeframe of the patient being prescribed this medication exceeds the recommended timeframe to be considered short-term. There is also a significant lack of clinical evidence of an evaluation of the efficacy of the prescribed medication. Furthermore, the request does not include the specific dosage frequency being prescribed and the request for 1 refill would not allow for the evaluation of the efficacy of the medication. Therefore, due to the significant lack of clinical evidence of an evaluation of the efficacy of the prescribed medication, the timeframe the patient has been prescribed this medication exceeding the timeframe to be considered short-term, and the request lacking the specific dosage frequency being provided in the request, and for a refill not allowing for an evaluation for the efficacy of the medication, the request for clonazepam 1 mg #90 with 1 refill is not medically necessary.