

Case Number:	CM14-0068886		
Date Assigned:	07/14/2014	Date of Injury:	10/06/2003
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 60-year-old female who reported an injury on 10/06/2003. The mechanism of injury was not provided. On 03/26/2014, the injured worker presented with complaints of neck pain that radiated down the bilateral upper extremities and low back with ongoing headaches. Upon examination of the cervical spine there was spinal vertebral tenderness noted in the cervical spine C4-7 and tenderness noted in the trapezius muscle bilaterally in bilateral paravertebral C4-7 area. The range of motion was limited due to pain. Upon examination of the lumbar spine there was tenderness noted upon palpation to the right in the paravertebral in the L3-5 area. The diagnoses were chronic pain, occipital neuralgia, cervical radiculopathy, status post cervical spinal fusion and iatrogenic opioid dependency and dysphagia. Current medications included clorazepate, Lidoderm, Percocet, oxycodone, Senokot, tizanidine, trazodone and vitamin D. The provider recommended clorazepate 7.5 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clorazepate 7.5 mg one tablet every 8 hours #60: 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 Medical Treatment Utilization Schedule (MTUS) does not recommend the use of Benzodiazepines for long term use, because long term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Clorazepate previously; however, the efficacy of the medication was not provided. The provider's request for Clorazepate 7.5 mg with a quantity of 60 exceeds the guideline recommendations of short term therapy. As such, the request is not medically necessary and appropriate.