

Case Number:	CM14-0078616		
Date Assigned:	07/18/2014	Date of Injury:	05/15/2009
Decision Date:	10/01/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 New York and Texas. 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 44 year old female who sustained an injury on 05/15/09. No mechanism of injury was noted in the records provided. The injured worker has been followed for complaints of left shoulder and left upper extremity pain. The patient did have prior epidural steroid injections without surgical intervention. The injured worker is noted to have had prior inconsistent urine drug screen results. The most recent evaluation on 03/13/14 noted ongoing complaints of neck and left sided upper back pain. The injured worker did have noted hypersensitivity and clamminess in the right upper extremity. Medications have included Gabapentin, Percocet, and Klonopin. On physical exam there was loss of range of motion in the cervical spine with tenderness to palpation in the paraspinal musculature. There was noted hypertrophy in the left trapezius and levator scapulae. The injured worker was recommended to continue with Klonopin for pain and anxiety. Prior urine drug screen results were not discussed in the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #20 w/o RF: 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: In regards to the use of Clonazepam .5mg quantity 20 without refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not recommend continuing use of this medication.