

Case Number:	CM13-0031887		
Date Assigned:	12/18/2013	Date of Injury:	04/19/2011
Decision Date:	03/05/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 claimant has a history of a work injury occurring on 04/19/11 when, while delivering a 200 pound cylinder, he fell down a flight of stairs. He underwent right shoulder arthroscopy and had postoperative physical therapy. He was seen on 08/21/13. He was having non-radiating low back pain. He is referenced as stable on his current medications which were without side effects. Medications included Naprosyn, clonazepam, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #25 (every day): 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. p24 Page(s): 24.

Decision rationale: Clonazepam is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use

to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of clonazepam is not medically necessary

Naproxen 550mg #60 (twice per day): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

Decision rationale: Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.