

Case Number:	CM14-0216737		
Date Assigned:	01/06/2015	Date of Injury:	02/25/1998
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who reported an injury on February 25, 1998. Previous conservative treatment consisted of diagnostic studies, chiropractic therapy, home exercise therapy, and periodic follow up visits. The latest clinical documentation submitted for this review is a chiropractic therapy note on 08/23/2014. The injured worker presented with complaints of neck and low back pain. The injured worker also reported radiating symptoms into the bilateral lower extremities. Upon examination there was subluxation of C1, L1, L5, and S1. The injured worker is currently diagnosed with neck pain, low back pain, lumbosacral pain, pain in the joint and sciatica. Recommendations for the treatment were not provided. There was also no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg quantity 60 with one refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven and there is a risk of dependence. There is no indication that this injured worker is currently utilizing this medication. The injured worker does not maintain a diagnosis of anxiety. The medical necessity for the requested medication has not been established in this case. As such, the request is not medically appropriate.