

Case Number:	CM15-0019187		
Date Assigned:	03/20/2015	Date of Injury:	10/28/2002
Decision Date:	05/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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

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 injured worker is a 57 year old female, who sustained an industrial injury on October 28, 2002. She reported pain, numbness and tingling in the hands, wrists and shoulders. The injured worker was diagnosed as having cervical and lumbar radiculopathy, bilateral carpal tunnel syndrome, bilateral rotator cuff tendinosis and rheumatoid arthritis, cervicothoracic spine strain with degenerative disc disease, bilateral shoulder impingement syndrome with possible rotator cuff tears, lumbar spine strain with degenerative disc disease, status post left knee arthroscopy with residual arthralgia, recurrent left carpal tunnel syndrome, left middle trigger finger, bilateral ankle arthralgia and rule out herniated nucleus pulposus of the thoracic spine. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the hands and left knee, conservative therapies, pain medications and work restrictions. Currently, the injured worker complains of continuous neck pain radiating into the arms, hands and fingers, pain in the entire back, mostly in the lower back with pain radiating to the legs and feet, pain in the shoulders with pain radiating from the neck, continuous bilateral wrist and hand pain, left greater than right with radiating pain to the shoulders, continuous pain on the knees, pain under the knee caps and pain in the ankles radiating into her heels. The injured worker reported an industrial injury in 2002, resulting in the above noted pain and associated symptoms. She has been treated conservatively and surgically without resolution of the pain. It was noted she used a cane for ambulation. Evaluation on August 11, 2014, revealed continued pain. The plan included continued use of orthotic braces, pain medications and aquatic therapies. A utilization review

report on 1/20/2015 had modified the request for Klonopin and non-certified the request for transportation to medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) transportation to all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: California Department of Health Care Services, California Code of Regulations [CCR], Title 22, Section 51323. Policy on Medical Transportation.

Decision rationale: Regarding the request for transportation for this injured worker, the California MTUS and ODG do not address this issue. The California Department of Health Care Service cover "ambulance and other medical transportation only when ordinary public or private conveyance is medically contra-indicated and transportation is required for obtaining needed medical care." Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, this request is not medically necessary.

Klonopin 1 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because 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. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, it appears that the use of Klonopin is utilized for mood and anxiety disorder and the patient is being followed by psychiatry. There does not appear to be a recent note indicating the efficacy of this medication. Given this, this request is not medically necessary.