MAXIMUS Federal Services

Case Number:	CM15-0144762		
Date Assigned:	09/03/2015	Date of Injury:	12/29/1987
Decision Date:	10/06/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 71-year-old male, who sustained an industrial injury on 12-09-1987. Diagnoses include low back pain with sciatica, cervicogenic headache, mild cognitive impairment with memory loss and gastroesophageal reflux disease (GERD) without esophagitis. Treatment to date has included conservative treatment including medications, acupuncture, chiropractic and transcutaneous electrical nerve stimulation (TENS). Per the Primary Treating Physician's Progress Report dated 5-08-2015, the injured worker reported neck and lumbar spine pain. He has partially responded to 6 sessions of acupuncture with improvement in ADLs and reduction in pain. Objective findings included vital signs and a BMI of 24.49 with a height of 6 feet and weight of 180 pounds. There was no evidence of new trauma and no focal neurologic deficits. The plan of care included additional acupuncture and medications, and authorization was requested for and Clonazepam 1mg, and Hydrocodone/APAP 5-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Clonazepam 1mg: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant has been on Clonazepam for a prolonged period in combination with opioids can risk addiction. Continued and chronic use is not medically necessary.