

Case Number:	CM15-0042466		
Date Assigned:	03/12/2015	Date of Injury:	12/13/2002
Decision Date:	04/22/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/06/2015

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

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 male with an industrial injury dated December 13, 2002. The injured worker diagnoses include status post carpal tunnel release of the right hand with complication of wound infection with a retained suture with residual median neuropathy in the right hand, triangular fibrocartilage complex (TFCC) with degeneration of the trapezium and navicular bones, postoperative neuropathy persisting in the median nerve and history of anxiety disorder with industrial onset. Treatment to date has included diagnostic studies, prescribed medications, thumb spica for right hand, H-wave unit and periodic follow up visits. According to the progress note dated 2/4/2015, the injured worker currently complains of constant pain in his right upper extremity with persisting numbness and tingling. Objective findings revealed positive Phalen's and Tinel's signs. Flexion contracture noted in the right hand, thumb and second digit. Painful Finkelstein maneuver was noted on exam. Right hand exam revealed diminished grip strength and disuse atrophy in the thenar eminences and interosseous muscles. The treatment plan included prescribed medications and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg #90: Upheld

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

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

Decision rationale: Based on the 02/04/15 progress report, the patient presents with right upper extremity pain with numbness and tingling persisting. The request is for CLONAZEPAM 2MG #90. The RFA provided is dated 03/10/15 and the date of injury is 12/13/02. Per 02/04/15 treater report, diagnoses include status post carpal tunnel release of the right hand with complication of wound infection with a retained suture with residual median neuropathy in the right hand, triangular fibrocartilage complex (TFCC) with degeneration of the trapezium and navicular bones, postoperative neuropathy persisting in the median nerve and history of anxiety disorder with industrial onset. Physical examination to the right upper extremity reveals well healed volar incision. Patient exhibits positive Phalen's and Tinel's signs. Right hand exam revealed diminished grip strength and disuse atrophy in the thenar eminences and interosseous muscles. Clonazepam is a benzodiazepine. MTUS guidelines page 24 states, do 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. Treater has prescribed Clonazepam for anxiety, per treater reports dated 08/28/14 through 02/04/15. Only short-term use of this medication is recommended by MTUS guidelines and therefore, the request IS NOT medically necessary.