

Case Number:	CM15-0056561		
Date Assigned:	04/01/2015	Date of Injury:	10/02/2007
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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: Internal Medicine

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 64 year old male, who sustained an industrial injury on October 2, 2007. He reported left shoulder pain, bilateral biceps pain and bilateral hip pain. The injured worker was diagnosed as having anxiety, joint pain, post-traumatic stress disorder, psychosis and insomnia. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left shoulder and right elbow, conservative treatments, medications and work restrictions. Currently, the injured worker complains of left shoulder pain, bilateral biceps pain and bilateral hip pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 20, 2015, revealed continued pain and insomnia. The plan included adjusting and renewing medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Clonazepam 1mg, #36: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines, Clonazepam (Klonopin).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that 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. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. Medical records document the long-term use of benzodiazepines. Per MTUS, long-term use of benzodiazepines is not recommended. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. MTUS and ODG guidelines do not support the use of Clonazepam. Therefore, the request for Clonazepam is not medically necessary.

1 prescription for Bactrim DS 800-160mg, #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Johns Hopkins Antibiotic (ABX) Guide http://www.hopkinsguides.com/hopkins/view/Johns_Hopkins_ABX_Guide/540106/all/Cellulitis.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Bactrim for cellulitis. Johns Hopkins Antibiotic Guide indicates that Bactrim DS is an antibiotic for the treatment of cellulitis. The primary treating physician's progress report dated 3/3/15 documented a diagnosis of skin infection. Bactrim was prescribed for the skin infection. The Johns Hopkins Antibiotic Guide supports the use of Bactrim for cellulitis. Therefore, the request for Bactrim for the patient's skin infection is supported by clinical practice guidelines. Therefore, the request for Bactrim is medically necessary.