

Case Number:	CM15-0081248		
Date Assigned:	05/01/2015	Date of Injury:	05/22/2004
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 33 year old female, who sustained an industrial injury on 5/22/04. She reported bilateral wrist injury. The injured worker was diagnosed as having complex regional pain syndrome of right upper extremity, right upper extremity neuropathy, myofascitis, situational depression, spinal cord stimulator in place, overuse left hand versus migratory complex regional pain and possible left upper extremity sympathetically mediated pain versus overuse. Treatment to date has included trigger point injections, pain management, spinal cord stimulation device and activity restrictions. Currently, the injured worker complains of minor bilateral shoulder swelling and pain in upper extremity as well as severe myofascitis. Physical exam noted pain with manipulation of right wrist, decreased hand strength in right hand and hypersensitivity without hyperhidrosis, hyperpathia or dislocation of left upper extremity and pain and tenderness with manipulation of the left wrist as well as decreased hand strength. A request for authorization was submitted for Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1 mg quantity: 60 refills: 3: Upheld

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

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

Decision rationale: Clonazepam 1 mg quantity: 60 refills: 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations and using this medication greater than the 4 week recommended limit. The request for Clonazepam is not medically necessary.