MAXIMUS Federal Services

Case Number:	CM14-0211827		
Date Assigned:	12/24/2014	Date of Injury:	04/28/2007
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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, Indiana, New York
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 (IW) is a 52-year-old man with a date of injury of April 28, 2008. The mechanism of injury occurred as a result of trauma to the thoracic region. The injured worker's working diagnoses are history of thoracic trauma in right thorax with fracture with removal either sixth or seventh rib with ongoing intercostal pain with intercostal neuralgia; compounded neuropathic pain; Bupivacaine pump trial with failure; history spinal cord stimulator trial with failure; history narcotic pump trial with failure and removal; hypoxic episodes secondary to hypoventilation syndrome due to thoracic trauma; hypogonadism from narcotic use; constipation; depression and anxiety with industrial onset. Pursuant to the progress note dated November 18, 2014, the IW complains of ongoing pain in his ribcage area. He gets severe cramps. He reports hypersensitivity in that area. He has been authorized to go to [redacted]. Physical examination reveals tenderness over the right thoracic area. There is an intercostal incision site. Regarding his trunk range, he can flex 30 degrees, and extend about 10 degrees. Motor strength, sensation, and deep tendon reflexes are grossly intact in the upper and lower extremities. His oxygen saturation is 98% on room air. Current medications include MS Contin 30mg, Norco 10/325mg, Cymbalta 60mg, Colace 250mg, Senokot, Ambien 10mg, and Clonazepam 1mg. The IW has been taking Clonazepam since October 1, 2012. There was no evidence of objective functional improvement associated with the ongoing use of Clonazepam. The current request is for Clonazepam 1mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #90: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Clonazepam 1 mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are thoracic trauma right thorax with fracture with removal either sixth or seventh rib with ongoing intercostal pain with intercostal neuralgia; compounded neuropathic pain; Bupivacaine pump trial with failure; history spinal cord stimulator trial with failure; history narcotic pump trial with failure and removal; hypoxic episodes secondary to hypoventilation syndrome due to thoracic trauma; hypogonadism from narcotic use; constipation; depression and anxiety with industrial onset. The documentation indicates the injured worker was using Clonazepam as far back as October 1, 2012. The documentation does not contain evidence of objective functional improvement as it pertains to Clonazepam. Additionally, the guidelines do not recommend long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Consequently, absent clinical documentation to support the ongoing use of clonazepam and objective functional improvement, Clonazepam 1 mg #90 is not medically necessary.