MAXIMUS Federal Services

Case Number:	CM15-0011912		
Date Assigned:	01/29/2015	Date of Injury:	11/14/2001
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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 39 year old female who sustained an industrial injury on 11/14/2001. The current diagnoses include status post failed intrathecal pump trial due to complications, status post failed spinal cord stimulator due to complications, long term use of opioid pain medication, complex regional pain syndrome in the left leg, and status post left total knee arthroplasty. Treatments to date include medications, ganglion nerve blocks and sympathetic nerve blocks. Report dated 12/19/2014 noted that the injured worker presented with complaints that included left leg pain, pain level was rated as 7 out of 10, and pain in the left flank/abdomen with referring pain to the pelvis. Physical examination was noted for abnormal findings. Current medication regimen was included. The utilization review performed on 01/06/2015 non-certified a prescription for clonazepam based on lack of documented efficacy. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg #60: Upheld

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

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

Decision rationale: According to the 12/19/2014 report, this patient presents with back pain, knee pain, and hip pain. The current request is for Clonazepam 2mg #60. The patient's work status is "continue treatment to maintain P&S." MTUS guidelines page 24, 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. Only short-term use of this medication is recommended for this medication. Review of the provided reports show the patient has been prescribed Clonazepam since 06/19/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.