

Case Number:	CM15-0115080		
Date Assigned:	06/23/2015	Date of Injury:	04/27/2004
Decision Date:	07/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania
 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 60 year old female who sustained an industrial injury on 4/27/04. She reported popping and intense pain in back, arms and legs, after a patient fell on her. The injured worker was diagnosed as having degenerative disc disease and spondylosis, displaced cervical intervertebral disc, arthrodesis, brachial neuritis/radiculitis, degenerative lumbar disc, lumbosacral spondylosis, displaced lumbar intervertebral disc, spinal stenosis lumbar region, thoracic spondylosis, obesity and mood disorder. Treatment to date has included lumbar decompression, lumbar fusion, cervical fusion, walker for ambulation, wheelchair for mobilization, gastric bypass surgery, oral medications including Norco, Cymbalta and Clonazepam 0.5mg every 8 hours as needed, physical therapy, Transcutaneous electrical nerve stimulation (TENS) unit, epidural injections, water therapy and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 4/9/15 revealed prominent baseline congenital narrowing of the cervical spinal canal and neural foramina, severe C3-5, and C4-5, moderate C5-6 and mild to moderate C6-7 spinal canal stenosis, possible faint increased cord signal at C5, thickening versus ossification of the posterior longitudinal ligament from C3-5, uncovertebral spurring and facet arthropathy contributing to mild to moderate bilateral C4-5, moderate left and mild to moderate right C5-6 and mild to moderate bilateral to C7 and C7-T1 neural foraminal stenosis and C3-7 postoperative changes. Currently, at a psychiatric visit on 5/12/15, the injured worker complains of a increase in depression due to need for possible decompression surgery in cervical spine. It is noted she has been receiving Clonazepam since prior to 2013. She is considered permanent and stationary and not working. Objective findings

noted the injured worker is crying, experiencing episodes of dysphoria, feeling despair, helpless, hopeless and high anxiety. The treatment plan included continuation of Cymbalta and Clonazepam. A request for authorization was submitted for Cymbalta 30mg #60 and Clonazepam 0.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #90: 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 Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Guidelines does not recommend Benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. A more appropriate treatment for anxiety disorder is an antidepressant. The documentation noted the injured worker had taken Clonazepam in college and had received it for at least 2 years this treatment episode. Documentation does not support an improvement in anxiety/depression with the use of the medication. Therefore the request for Clonazepam 0.5mg #90 is not medically necessary.