

Case Number:	CM13-0015735		
Date Assigned:	03/12/2014	Date of Injury:	10/18/2004
Decision Date:	04/24/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 18, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; anxiolytic medications; long and short-acting opioids; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 23, 2013, the claims administrator approved a request for urology consultation, approved a gastroenterology consultation, partially certified OxyContin for weaning purposes, partially certified methadone for weaning purposes, partially certified Klonopin for weaning purposes, and partially certified Topamax, also seemingly for weaning purposes. The applicant's attorney subsequently appealed. In a clinical progress note of August 28, 2013, the applicant is described as having ongoing issues of chronic pain and depression. The applicant was speaking clearly but often illogically. The applicant did digress and discuss his mental health issues. The applicant reportedly has fallen on several occasions, it is stated. He has been confronted by security guards and police on several occasions. The applicant is reportedly slightly worse and agitated at times, it is stated. His behavior and cognition are reportedly deteriorated. He is described as having Klonopin withdrawal syndrome and intolerance to diazepam. He is having xerostomia with medications. The applicant's situation is quite sad, it is noted. The applicant refuses to accept admission to a psychiatric facility or rehab facility, it is stated. On July 2, 2013, the applicant was described as having multi-drug withdrawal syndrome and intolerance to various medications with sleep disturbance and polyfactorial sleep disorder and anxiety. In a Medical Legal Evaluation of July 11, 2013, it was stated that the applicant was developing a low-level psychotic problem. It was stated that the applicant needs to lose weight, improve his overall hygiene, and/or undergo some form of psychiatric rehabilitation. It is stated that the applicant will require

substantive amount of treatment. On May 21, 2013, it was stated that the applicant had at least one witnessed seizure in addition to two other self-reported seizures.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30MG #110: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a Final Determination Letter for IMR Case Number CM13-0015735 4 result of ongoing opioid therapy. In this case, however, these criteria have clearly not been met. The applicant is off of work. The applicant is having heightened pain complaints and heightened psychiatric issues. Opioid therapy does not appear to be ameliorating the clinical picture in any way. The applicant appears to be having some adverse effects with opioids, including heightened psychological distress and heightened psychological complaints. There is no evidence that the applicant has achieved any analgesia or improved performance of activities of daily living as a result of ongoing opioid therapy. Accordingly, the request for OxyContin is not certified.

METHADONE 10MG #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79,80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant has failed to meet any of the aforementioned criteria despite ongoing, long-term usage of opioids. The applicant is off of work. The applicant's pain complaints are heightened. The applicant's functioning has deteriorated on every level, both physically and psychologically. Continuing opioid therapy is not indicated in this context as, page 79 of the MTUS Chronic Pain Medical Treatment Guidelines states that opioids should be appropriately discontinued if there is no overall improvement in function and/or if there is evidence of intolerable side effects. For all of the stated reasons, then, the request for methadone is not certified, on Independent Medical Review.

KLONOPIN 1MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,124.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines benzodiazepines such as Klonopin have a wide range of action, one of which includes anticonvulsant effects. In this case, the applicant is apparently having breakthrough convulsants as a result of abrupt discontinuation of benzodiazepine. As further noted on page 124 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines should be tapered slowly and cautiously. In this case, the fact that the applicant is having what appears to be breakthrough epileptiform activity suggests that he should, at least for the time being, continue Klonopin. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

TOPAMAX 200MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines benzodiazepines such as Klonopin have a wide range of action, one of which includes anticonvulsant effects. In this case, the applicant is apparently having breakthrough convulsants as a result of abrupt discontinuation of benzodiazepine. As further noted on page 124 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines should be tapered slowly and cautiously. In this case, the fact that the applicant is having what appears to be breakthrough epileptiform activity suggests that he should, at least for the time being, continue Klonopin. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.