

Case Number:	CM13-0025291		
Date Assigned:	11/20/2013	Date of Injury:	09/19/2000
Decision Date:	02/20/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and in Pain Management, has a subspecialty Certificate in Interventional Spine, and is licensed to practice in California. 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 physician 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 patient is a 68-year-old female with a date of injury of 09/19/2000. The listed diagnoses, per the requesting physician, as of 08/22/12, are: lumbar facet syndrome; radiculopathy; low back pain; sacroiliac pain; shoulder pain; and knee pain. This patient is status post left knee arthroscopy (2010) and right knee arthroscopy (2009). According to a report dated 08/22/2013 by the requesting provider, the patient presents with back, shoulder and ankle/foot pain. Examination of the lumbar showed restricted range of motion (ROM) with pain. On palpation of paravertebral muscles, spasm and tenderness is noted on the left side. Lumbar facet loading is positive on left side. The right shoulder showed restricted movement with pain. The right elbow was noted to be tender as well. Inspection of bilateral knees revealed restricted ROM and tenderness to palpation over the lateral joint line and medial joint line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg capsule, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with back, shoulder and ankle/foot pain. The treater requests Zipsor for inflammation and pain. He states patient "takes this on a daily basis, which helps her immensely with the arthritis and the daily pain." Zipsor is Diclofenac, which is a non-steroidal anti-inflammatory drug (NSAID). The MTUS supports use of NSAIDs for chronic low back pain as a first line of treatment. The treater documents the patient's pain and the efficacy of the medication. The recommendation is for authorization.

Klonopin 0.5mg tab, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with back, shoulder and ankle/foot pain. The treater requests Klonopin 0.5 mg. Klonopin is under the drug class benzodiazepines. The MTUS states it is not recommend for long-term use due to unproven efficacy and risk of dependence. Maximum use of 4 weeks is recommended. Seeing that progress report dated 4/4/2013 requests a "refill" of Klonopin, it can be assumed patient has been taking this medication prior to that date. Benzodiazepines are not recommended for long term use. The recommendation is for denial.