

Case Number:	CM13-0033817		
Date Assigned:	12/06/2013	Date of Injury:	09/20/2002
Decision Date:	02/27/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family 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 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.

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 54-year-old male who reported an injury on 09/02/2002 due to tossing kegs into a delivery truck. The patient's injury ultimately resulted in a cervical fusion at the C4 through C6 levels. The patient developed chronic pain managed by radiofrequency ablations, medications, and home exercise therapy. The patient was regularly monitored for medication compliance with urine drug screens. The patient's most recent clinical evaluation revealed restricted cervical range of motion, a positive Spurling's test, and pain complaints rated at a 5/10. It was noted that the patient had 60% improvement in function with medication usage. The patient's most recent medication schedule included Klonopin 2 mg 1 tablet 4 times a day, Opana 10 mg 1 tablet 5 times a day as needed, MS Contin 100 mg 1 tablet twice a day as needed, Senokot 50 mg/8.6 mg 5 tablets every night as needed, and Cymbalta 60 mg 1 tablet every night. The patient's diagnoses included cervicgia and shoulder joint pain. The patient's treatment plan included continuation of medications and a psychiatric consult to support Klonopin usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot S 50 mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The requested Senokot S 50 mg #140 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The prescription was consistently documented as Senokot S 50 mg/8.6 mg tablets 5 tablets every night as needed for 10 days, dispense 50 tablets. The California Medical Treatment and Utilization Schedule does recommend the initiation of prophylactic therapy of constipation related to long-term opioid usage. However, the clinical documentation does not indicate a significant increase in symptoms to support the need for additional medication. As such, the requested Senokot S 50 mg #140 is not medically necessary or appropriate.

MS Contin 100 mg #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86-87.

Decision rationale: The requested MS Contin 100 mg #56 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior, has significant pain relief, and documented functional benefit related to medication usage. However, the California Medical Treatment and Utilization Schedule does not recommend a patient's medication schedule to exceed 120 morphine equivalents daily. The clinical documentation submitted for review does provide evidence that the patient's medication schedule is in excess of this recommendation. Therefore, continuation of medications would not be supported by Guideline recommendations. As such, the requested MS Contin 100 mg #56 is not medically necessary or appropriate.

Opana 10 mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86-87.

Decision rationale: The requested Opana 10 mg #140 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior, has significant pain relief, and documented functional benefit related to medication usage. However, the California Medical Treatment and Utilization Schedule does not recommend a patient's medication schedule to exceed 120 morphine equivalents daily. The clinical documentation submitted for review does provide evidence that the patient's medication schedule is in excess of this recommendation. Therefore, continuation of medications would not be supported by Guideline recommendations. As such, the requested Opana 10 mg #140 is not medically necessary or appropriate.

Klonopin 2 mg #112: 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 rationale: The requested Klonopin 2 mg #112 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment and Utilization Schedule does not recommend the extended use of benzodiazepines, as there is a significant risk for physical and psychological dependence. Additionally, Guidelines state that extended use may actually increase symptoms of anxiety. Therefore, continued use of this medication would not be supported. As such, the requested Klonopin 2 mg #112 is not medically necessary or appropriate