

Case Number:	CM13-0037579		
Date Assigned:	12/18/2013	Date of Injury:	02/29/2008
Decision Date:	05/15/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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:

According to the records made available for review, this is a 47-year-old male with a 2/29/08 date of injury. At the time (10/7/13) of request for authorization for Retrospective request for Methadone 10mg #60 prescribed 10/7/13 and Retrospective Request For Clonazepam 1mg #30 prescribed on 10/7/13, there is documentation of subjective (bilateral neck pain and shoulder pain) and objective (tenderness to palpation of the cervical paraspinal muscles and restricted cervical range of motion) findings, current diagnoses (cervical disc protrusion, cervical radiculopathy, cervical facet joint pain, cervical facet joint arthropathy, cervical degenerative disc disease, and cervical sprain), and treatment to date (medications (including Methadone since at least 9/21/12 and Clonazepam since at least 4/12/13).

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR METHADONE 10MG #60 PRESCRIBED 10/7/13:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 61-62, 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical disc protrusion, cervical radiculopathy, cervical facet joint pain, cervical facet joint arthropathy, cervical degenerative disc disease, and cervical sprain. In addition, there is documentation of Methadone used as a second-line drug for moderate to severe pain and that Methadone is being prescribed by providers with experience in using it. Furthermore, there is documentation of medical reports reflecting prescriptions for Methadone since at least 9/21/12. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Methadone. Therefore, based on guidelines and a review of the evidence, the request for Methadone 10mg #60 is not medically necessary.

RETROSPECTIVE REQUEST FOR CLONAZEPAM 1MG #30 PRESCRIBED ON 10/7/13: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical disc protrusion, cervical radiculopathy, cervical facet joint pain, cervical facet joint arthropathy, cervical degenerative disc disease, and cervical sprain. However, given documentation of records reflecting prescriptions for Clonazepam since at least 4/12/13, there is no documentation of an intention to treat over a short course. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services

with the use of Clonazepam. Therefore, based on guidelines and a review of the evidence, the request for Clonazepam 1mg #30 is not medically necessary.