

Case Number:	CM13-0037910		
Date Assigned:	12/18/2013	Date of Injury:	08/30/2002
Decision Date:	08/01/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 54-year-old male who was reportedly injured on August 30, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated August 29, 2013, was handwritten and difficult to read. Another note dated October 9, 2013, stated that there was a complaint of low back pain status post lumbosacral fusion. The physical examination demonstrated a well-healed surgical incision. Muscle spasms were present, and there was decreased lumbar spine range of motion with pain. There was a positive straight leg raise test a right at 90 and on the left at 70. Motor strength was rated at 4/5 bilaterally, and there was decreased sensation at the L4 through S1 dermatomes. Treatment recommendations included prescriptions for Prilosec, Norco, Klonopin and Colace. There was recommended continued use of home exercise and the use of a transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for a urinalysis, Norco, and Klonopin and was not certified in the pre-authorization process on September 27, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
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Decision rationale: According to the medical record, the injured employee has been taking Norco on a chronic basis, and prior urine drug screening results noted inconsistencies. Considering that there may be opioid misuse and/or aberrant behavior, this request for urinalysis is medically necessary.

Norco four times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
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Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has complaints of chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. Without this objective documentation, this request for Norco is not necessary.

Klonopin two at bedtime: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 of 127.

Decision rationale: Klonopin is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use, because long-term efficacy is unproven. The record reflects that this medication is being prescribed for long term use and there is no recent documentation of improvement in functionality with the use of this medication. For these reasons, this request for Klonopin is not medically necessary.