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| <b>Case Number:</b>   | CM13-0041070 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 08/06/1999 |
| <b>Decision Date:</b> | 02/10/2014   | <b>UR Denial Date:</b>       | 09/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic hip pain, chronic knee pain, psychological stress, and depression reportedly associated with an industrial injury of August 6, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; long and short acting opioids; psychotropic medications; multiple prior knee surgeries; lumbar discography; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 10, 2013, the claims administrator denied a request for Klonopin, denied a request for an EKG, denied a home health evaluation, approved Cymbalta, denied Colace, denied Prilosec, approved Duragesic, and approved Norco. The applicant's attorney later appealed. A November 25, 2013, progress note is notable for comments that the applicant has chronic low back and knee pain, ranging from 7 to 9/10. The applicant is on Klonopin, Pennsaid, Norco, Duragesic, Prilosec, Inderal, Colace, Abilify, Cymbalta, Motrin, and aspirin, it is stated. The applicant is stiff and has difficulty getting in and out of her chair. She is severely obese with a BMI of 41. Well-healed surgical incision lines are noted about the knee with normal lower extremity strength. The applicant is using a cane. The applicant is apparently a candidate for lumbar fusion surgery, it is stated. She has had negative myocardial perfusion study suggesting that she is at low risk of coronary artery disease as of August 29, 2008. It is stated that the applicant is a candidate for total knee replacement. A home-health evaluation is noted owing to the applicant's inability to perform basic activities of daily living and care of herself at home. Multiple medications were refilled. The applicant remains off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Clonazepam 1mg #30 between 8/26/2013 and 11/2/2013: 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 8 C.C.R. Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24.

**Decision rationale:** Benzodiazepines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) Â§9792.20 Medical Treatment Utilization Schedule - Definitions (f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment.

**One EKG between 8/26/2013 and 11/2/2013: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electrocardiography Author: Ethan Levine, DO; Chief Editor: Richard A Lange, MD <http://emedicine.medscape.com/article/1894014-overview>

**Decision rationale:** The ECG has proven to be among the most useful diagnostic tests in clinical medicine. The ECG is now routine in the evaluation of patients with implanted defibrillators and pacemakers, as well as to detect myocardial injury, ischemia, and the presence of prior infarction as well. In addition to its usefulness in ischemic coronary disease, the ECG, in conjunction with ambulatory ECG monitoring, is of particular use in the diagnosis of disorders of the cardiac rhythm and the evaluation of syncope. Other common uses of the ECG include evaluation of metabolic disorders, effects and side effects of pharmacotherapy, and the evaluation of primary and secondary cardiomyopathic processes among others.[10]

[http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2005/021713s004,021436s0071bl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2005/021713s004,021436s0071bl.pdf) ECG Changes Between group comparisons for pooled, placebo-controlled trials in patients with schizophrenia, revealed no significant differences between aripiprazole and placebo in the proportion of patients experiencing potentially important changes in ECG parameters; in fact,

within the dose range of 10 to 30 mg/day, aripiprazole tended to slightly shorten the QTc interval.

**One home health care evaluation between 8/26/2013 and 11/2/2013: 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 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51.

**Decision rationale:** Home health services Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)

**One prescription of Omeprazole 20mg #30 between 8/26/2013 and 11/2/2013: Overturned**

**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 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 69.

**Decision rationale:** Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI.

**One prescription of Colace 250mg #30 between 8/26/2013 and 11/2/2013: Overturned**

**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 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 77.

**Decision rationale:** Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated.