

<b>Case Number:</b>	CM13-0048579		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 53 year-old male with a date of injury of 01/29/09. A progress report associated with the request for services, dated 09/16/13, identified subjective complaints of chronic low back with radicular symptoms into the left lower extremity. The objective findings included tenderness of the lumbar spine with a positive straight leg-raising. He has reduced sensation but with normal motor function. The diagnoses included chronic lumbar degenerative disc disease with left sciatica; pain-induced insomnia. The treatment has included a TENS unit, lumbar fusion, and oral medications including long-term anxiolytics and opioids. A utilization review determination was rendered on 10/28/13 recommending non-certification of "Klonopin oral tablet 1 mg #30 and Oxycodone Hydrochloride oral tablet 15 mg #180".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin oral tablet 1mg #30:** Upheld

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

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

**Decision rationale:** Klonopin (clonazepam) is a benzodiazepine anxiolytic. The Medical Treatment Utilization Schedule (MTUS) state that benzodiazepines are 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. In this case, there is documentation of long-term use. Therefore, the record lacks documentation for medical necessity of Klonopin.

**Oxycodone Hydrochloride oral tablet 15mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-83.

**Decision rationale:** The patient is on Oxycodone. This is classified as an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The patient has been on opioids well in excess of 16 weeks. In this case, though there is description of the level of pain relief, there is no documentation of the other elements of the pain assessment referenced above for necessity of therapy beyond 16 weeks, where the evidence is otherwise unclear. Therefore, there is no documented medical necessity for Oxycodone.