

Case Number:	CM13-0055067		
Date Assigned:	12/30/2013	Date of Injury:	09/29/2003
Decision Date:	03/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas, Illinois and Indiana. 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 64-year-old male who reported an injury on 09/29/2003 after he lifted a heavy objective which reportedly caused injury to his low back. The patient's treatment history included medications, psychiatric support, epidural steroid injections, physical therapy, and a failed spinal cord stimulator trial. The patient had persistent back pain that was responsive to medications. The patient's medications included Norco 10/325 mg, Flomax 0.4 mg, Klonopin 0.5 mg, Prilosec 20 mg, Imitrex 100 mg, and Norvasc 10 mg. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent objective clinical findings included tenderness to palpation along the cervical and lumbar musculature with decreased range of motion of the cervical and lumbar spine. The patient also had decreased sensation in the L5-S1 dermatomes with positive straight leg raising test bilaterally. The patient's diagnoses included lumbar myoligamentous injury with facet hypertrophy and left lower extremity radiculopathy, reactionary depression and anxiety with associated sleep disturbances, and cervicogenic headaches with occasional migraine headaches, and medication induced gastritis. The patient's treatment plan included continuation of medications and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not recommend the use of benzodiazepines for extended durations of treatment due to a high incidence of physical and psychological dependence. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Klonopin 0.5 mg #60 is not medically necessary or appropriate.

Flomax 0.4 mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine- National Institutes of Health Electronic Advises, <http://daily.med.nlm.nih.gov> [Flomax].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RX List.com, An Internet Drug Index: Flomax <http://www.rxlist.com/flomax-drug/indications-dosage.htm>

Decision rationale: The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule or Official Disability Guidelines do not address this medication. An online resource Rxlist.com an internet drug index states that this medication is indicated for patients who have signs and symptoms of benign prostatic hyperplasia. The clinical documentation submitted for review does not provide any evidence that the patient has any symptoms of benign prostatic hyperplasia. Adequate evaluation of the patient's urinary tract was not submitted for review to establish the efficacy of this medication. Therefore, the continued need is not established. As such, the requested Flomax 0.4 mg #1 is not medically necessary or appropriate.