

Case Number:	CM13-0056366		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2000
Decision Date:	06/03/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is an employee of [REDACTED] and has submitted a claim for chronic pain syndrome and depressive disorder associated with an industrial injury date of September 25, 2000. The utilization review from November 12, 2013 denied the request for Klonopin due to long-term use and no documentation of efficacy and Norco due to insufficient information concerning drug screen results and specific effects in activities of daily living. The treatment to date has included spinal cord stimulator, left foot surgery, lumber spine surgery, physical therapy, oral pain medications, trigger point injections, and epidural steroid injections. Medical records from 2013 were reviewed showing the patient complaining of constant upper and lower back pain. There is also constant pain in the right ankle. The pain and discomfort is moderately impacting her general activity and enjoyment of life, including her ability to concentrate and interact with people. The patient rates her depression at 4/10 with 10 being most severe. The patient is currently working. The right ankle has been noted to have reduced range of motion and stiffness and is uncomfortable with walking and standing. The patient cannot squat or run. On examination, there is tenderness over the paraspinal muscles of the lower back as well as spasms. Lumbar range of motion was decreased. The patient wears an AFO brace. Right ankle range of motion was noted to be decreased. Motor strength for the lower extremities was fair. There is noted hyperesthesia over the right calf and foot. The drug screen from August 2013 did not detect the presence of Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 0.5MG #30 WITH 1 REFILL: 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: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient has been using Klonopin since May 2013. The October 2013 progress note did not discuss any anxiety problems or reasons concerning the long-term use of benzodiazepines. Also, the drug screen from August 2013 did not detect the presence of Clonazepam. With no clear indication of prolonged benzodiazepine use, and the request for Klonopin is not medically necessary.

NORCO 10/325MG #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Norco since May 2013. The patient stated that the current medications enable her to work and perform activities of daily living well. However, the specific improvements concerning work and activities of daily living were not indicated. In addition, the request is not specify a frequency and duration. Therefore, the request for Norco is not medically necessary.