

<b>Case Number:</b>	CM14-0000532		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/07/1983
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Family 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 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 a 58-year-old male who has filed a claim for bilateral knee pain associated with an industrial injury date of February 07, 1983. Review of progress notes reports back pain; hip pain; and bilateral knee pain, more on the left. There is distal left knee numbness, and left buttock pain radiating down to the left ankle. Findings include worsening antalgic gait, and give-away weakness of the left knee. There are no neurological deficits of the lower extremities. Patient also experiences anxiety, depression, memory loss, nausea, and constipation. Treatment to date has included NSAIDs, opioids, sedatives, anti-depressants, Provigil, lumbar facet injections, psychiatric treatment, and left total knee replacement in 2008. Utilization review from December 17, 2013 denied the request for Klonopin 1mg #1120 as this is not recommended for long-term use; and Celebrex 200mg #60 with 2 refills as patient does not present with acute disease and guidelines do not support NSAIDs for use in an ongoing chronic basis. There is modified certification for Oxycodone HCl 30mg for #140 and Ultram 50mg for #60 as the original request was of an extremely high opiate dose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE HCL 30MG, #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OPIOIDS, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

**Decision rationale:** As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since June 2009, with a regimen of maximum 8 a day. In this case, a report from 2010 indicates that the patient has been having outrageous prescription of analgesics that has contributed to hyperalgesia. Patient has been on a chronic high dose opiate regimen with nausea and constipation. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Also, the dosing regimen exceeds the recommended maximum amount of opioids per day. Therefore, the request for Oxycodone HCl 30mg #240 was not medically necessary.

**ULTRAM 50MG, #240 WITH 1 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TRAMADOL, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

**Decision rationale:** As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since June 2009, with a regimen of maximum 8 a day. Patient has been on a chronic high dose opiate regimen with nausea and constipation. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Also, there is no documentation as to why two short-acting opioids are necessary for this patient, with a very high cumulative daily dose that exceeds guideline recommendations. Therefore, the request for Ultram 50mg #240 was not medically necessary.

**KLONOPIN 1MG, #1120:** 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 Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-

term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since at least January 2013. There is no description of patient's anxiety symptoms. Also, this medication is not recommended for long-term use. Therefore, the request for Klonopin was not medically necessary.

**CELEBREX 200MG, #60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: NSAIDS, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67-69.

**Decision rationale:** As stated in pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least January 2013. There has been no documentation regarding benefits derived from this medication, and there is no evidence of medication long-term effectiveness. Therefore, the request for Celebrex 200mg #60 with 2 refills was not medically necessary.