

Case Number:	CM14-0002289		
Date Assigned:	01/24/2014	Date of Injury:	09/26/2000
Decision Date:	06/26/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 44 year-old male who was injured on 9/26/2000. He has been diagnosed with cervical radiculitis; lumbar radiculitis; myalgia; right shoulder bursitis; s/p lumbar microdiscectomy and s/p lumbar IDET. According to the 12/6/13 pain management report from the physician, the patient presents with neck pain that radiates to bilateral upper extremities and lower back pain radiates to bilateral lower extremities. The pain is 10/10 without medications, and 5/10 with medications. He had a right shoulder MRI on 10/2/13 which showed tear of the supraspinatus tendon with moderate retraction. He is awaiting authorization for surgery. ■■■■■ recommends Exoten-C lotion, Clorazepate; hydrocodone/APAP, Protonix. On 12/19/13 UR modified the the Clorazepate and hydrocodone for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLORAZEPATE 7.5 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepine..

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

Decision rationale: According to the 12/6/13 pain management report from [REDACTED], the patient presents with neck pain that radiates to bilateral upper extremities and lower back pain radiates to bilateral lower extremities. He is awaiting approval for right shoulder surgical repair of a full thickness rotator cuff tear with retraction. I have been asked to review for Clorazepate a benzodiazepine derivative for anxiety and insomnia. MTUS guidelines states benzodiazepines are not recommended for long term use, and that most guidelines limit use to 4-weeks. The records show the patient has been on Clorazepate since at least 5/24/13. The long-term use of Clorazepate over 6-months is not in accordance with the MTUS recommendations for benzodiazepines.

HYDROCODONE 10/325 MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines on Long-term Opioid use Opioids, long-term asses.

Decision rationale: According to the 12/6/13 pain management report from [REDACTED], the patient presents with neck pain that radiates to bilateral upper extremities and lower back pain radiates to bilateral lower extremities. The patient was shown to have a rotator cuff tear with retraction and is awaiting surgical repair. [REDACTED] states the pain levels without medication would be 10/10, but with medications is down to 5/10. He is taking hydrocodone/APAP for pain for over 6-months since at least 5/24/13. The MTUS guidelines for "Long-term Users of Opioids (6-months or more)" apply. In this section, MTUS states under Strategy for maintenance: "Do not attempt to lower the dose if it is working". MTUS states "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The physician documents about a 50% reduction in pain levels with hydrocodone. According to MTUS, a reduction in pain is a satisfactory response. MTUS does not require weaning or discontinuing pain medications that are providing a satisfactory response.