

Case Number:	CM14-0002816		
Date Assigned:	01/29/2014	Date of Injury:	02/29/2008
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 48 year old male who reported an injury on 02/29/2008. The mechanism of injury was due to repetitive lifting. The clinical note dated 12/11/2013 reported the injured worker reported bilateral neck and shoulder pain. The clinical note also noted the injured worker was out of methadone and clonazepam 4 days early. The physical exam noted tenderness upon palpation of the cervical paraspinal muscles. Cervical ranges of motion were restricted by pain in all directions. The injured worker also had 5/5 muscle strength in all limbs with an absent Clonus, Babinski's and Hoffmann's. The injured worker had diagnoses of cervical disc protrusion, cervical radiculopathy, cervical facet joint pain, cervical facet joint arthropathy, cervical degenerative disc disease, cervical sprain/strain. The provider requested a refill on Methadone, and Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10 MILLIGRAMS (MG) # 60: 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.

Decision rationale: The request for Methadone 10 milligrams(MG)# 60 is non-certified. The injured worker reported bilateral neck and shoulder pain. The clinical documentation noted the injured worker to be out of medication 4 days early. The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also note the use of a drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. There was a lack of clinical documentation of quantifiable pain relief and functional improvement indicating the need for Methadone. There is also a lack of documentation supporting the guidelines noting the use of a urine drug screen, The clinical information submitted did not meet the guidelines. Therefore Methadone 10 milligrams(MG) # 60 is not medically necessary.

CLONAZEPAM 1 MILLIGRAM (MG) # 30: 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.

Decision rationale: The request for Clonazepam 1 milligram (MG) # 30 is non-certified. The injured worker reported bilateral neck and shoulder pain. The California MTUS guidelines do 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The clinical documentation submitted noted the injured worker had been prescribed Clonazepam since 01/2013 which exceeds the guidelines recommendations of the limit of use to 4 weeks. There was also a lack of documentation indicating the medical necessity for the requested medication including relief of anxiety reduction or improved function. Therefore, the request for Clonazepam 1 milligram (MG) # 30 is not medically necessary.