

Case Number:	CM14-0004787		
Date Assigned:	02/05/2014	Date of Injury:	02/14/2011
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 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:

This is a 50-year-old female with a 2/14/11 date of injury. The mechanism of injury has not been described. A progress report dated 11/14/13 indicated the patient was in pain, had a high stress level, and poor sleep quality. Her pain was an 8/10. The plan was to increase Klonopin to 2 mg for 2 weeks and Nucynta for pain. She was taking Klonopin, which was ineffective. An office visit note dated 6/27/13 indicated the patient had a rib fracture after a fall injury. She had taken Doxepin the night before and became groggy and fell down the stairs at home. Percocet made her sick and caused bowel difficulties. Diagnostic Impression: Myalgia, Generalized Pain. Treatment to date: wrist brace, medication management. A Utilization Review (UR) decision dated 12/23/13 denied the request for Klonopin because the long-term use of benzodiazepines is not recommended. The request for Nucynta was denied based on the fact that there is no documentation of objective functional improvement. In addition, the guidelines recommend Nucynta as a second-line agent in the setting of opioid intolerance, and there is no documentation of that in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 2 MG #30 1 PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009: §9792.24.2. Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, this patient is noted to be on Klonopin long-term, and in an office note from 11/14/13, it was noted that the Klonopin was ineffective. The physician is actually increasing the dose of Klonopin to 2 mg, which is concerning because the patient has a history of falling and sustaining a rib fracture from being "groggy" from her medication the night before. Guidelines do not support the long-term use of benzodiazepines due to the risk of dependence and tolerance, as well as the risk of abuse. 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. It is also noted that the patient has insomnia. Benzodiazepines should not be used in the chronic, long-term management of insomnia. There is no discussion of alternatives or proper sleep hygiene being discussed with the patient. This request, as submitted, is not medically necessary.

NUCYNTA IR 50 MG #50 1 PO Q6HR PRN, PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009: §9792.24.2. Chronic Pain Medical Treatment Guide.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no clear discussion provided as to why Nucynta is being prescribed for this patient. It is unclear if this is a new prescription or not. If it is a chronic prescription, there is no documentation of functional improvement or continued analgesia from the dose. In the records provided from November of 2013, it is noted the patient may have sustained a rib fracture back in June, 5 months prior, but there is no new discussion regarding control of her pain. There is no documentation of urine drug screens, an opiate pain contract, or CURES monitoring. In addition, an office visit note from 12/16/13 indicates the patient is taking Nucynta but has no pain relief. This patient has a history of drowsiness and falls, and it is unclear why Nucynta and Klonopin are being prescribed together, which could potentially lead to increased drowsiness. There is no discussion provided as to why the provider is choosing Nucynta for this patient. The request, as submitted, is not medically necessary.