MAXIMUS Federal Services

Case Number:	CM14-0009673		
Date Assigned:	02/14/2014	Date of Injury:	10/27/2001
Decision Date:	05/27/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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:

The patient is a [redacted] employee who has filed a claim for lumbosacral disc degeneration associated with an industry injury of October 27, 2001. Thus far, the patient has been treated with opioids, muscle relaxants, Terocin, Nortriptyline, Excedrine, medical marijuana, Gabapentin, Ambien, physical therapy, home exercise program, and bilateral L4-5 medial branch blocks which did not provide any benefit. In a utilization review report of January 14, 2014, the claims administrator denied a request for Clonazepam as it is not recommended for long-term use; and modified a certification for Norco from #180 to #144 as there is no overall functional improvement from treatments and thus weaning should commence. A review of progress notes indicates that patient has been diagnosed with multiple sclerosis with history of optic neuritis resulting in legal blindness. Patient also has depression and has received cognitive behavioral therapy/pain counseling. Utilization review from January 2014 indicates flare-up of pain of the neck, thoracic spine, and low back, and ongoing chronic insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the 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. This patient has been on Norco since at least May 2013 and is using it on an as needed basis. There is no documentation regarding periodic drug screens or functional benefits derived from this medication. Therefore, the request for Norco10/325mg#180 was not medically necessary per the guideline recommendations of MTUS.

1 PRESCRIPTION OF CLONAZEPAM 50MG: Upheld

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

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

Decision rationale: As noted on page 24 of the 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. In this case, there is no specified amount of the medication requested. There is documentation of use of Quazepam for insomnia, another benzodiazepine, starting in October 11, 2013 with request authorization in January 2014. A utilization review dated January 31, 2014 noted that switching the type of benzodiazepine request from Quazepam to Clonazepam was apparently a mistake. Therefore, the request for Clonazepam 50mg was not medically necessary at this time.