

Case Number:	CM14-0010954		
Date Assigned:	02/21/2014	Date of Injury:	09/20/2002
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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.v

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 54 year-old male who has filed a claim for cervical spondylosis associated with an industrial injury date of September 20, 2002. Review of progress notes reports neck, shoulder, and arm pain. Patient reports that with opioid medications, activity tolerance is improved by 100%. Findings include reduced cervical range of motion, tenderness of the right cervical region, and positive Spurling's test on the right. There is note of long-standing severe anxiety in this patient. Treatment to date has included opioids, TENS, Klonopin, Cymbalta, and Toradol injections. Current medications include Klonopin 2mg 4 times a day, MS Contin ER 60mg 4 times a day, Norco 10/325mg every 3 hours, Senokot-S 50/8.6mg 5 tablets every night, and Cymbalta 60mg every night. Utilization review from January 15, 2014 denied the request for 8 TENS electrodes and 4 TENS batteries per month as there is no evidence of close monitoring, concomitant functional restoration program, or evidence of improvement. There is modified certification for Klonopin 2mg for #6 as it is not recommended for use longer than 4 weeks; and MS Contin 60mg for #30 and Norco 10/325mg for #150 as there is no evidence of improved pain or return to work, and the combined morphine equivalent dose of MS Contin and Norco in this patient is 320 mg per day, which is significantly higher than the 120-mg recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 2 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES; WEANING OF MEDICATIONS - BENZODIAZEPINE,

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

Decision rationale: As noted on page 24 of the California 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. The employee has been on Klonopin since at least October 2012. A weaning process was initiated in September 2013, as this medication is not recommended for long-term use. There is no documentation describing the employee's anxiety state in recent progress notes. Therefore, the request for Klonopin 2mg #120 was not medically necessary.

MS CONTIN 60 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MORPHINE SULFATE ER (MS CONTIN (R)); WHEN TO CONTINUE OPIOIDS; OPIOIDS, DOSING; WEANING OF MEDICATIONS,

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

Decision rationale: As noted on pages 78-81 of the California 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. The employee has been on MS Contin since at least August 2013, in conjunction with other opioids. Currently, the employee's morphine equivalent dose with Norco is 320mg per day, which is significantly higher than the recommended 120mg per day. Also, there are no periodic urine drug screens to monitor the employee's opioid use. Previous urine drug screens in 2012 were not consistent with prescribed medication, as they were positive for non-prescribed benzodiazepines and amphetamines. Therefore, the request for MS Contin 60mg #120 was not medically necessary.

NORCO 10/325 MG #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HYDROCODONE/ACETAMINOPHEN (NORCO (R)),

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

Decision rationale: As noted on pages 78-81 of the California 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. The employee has been on Norco since at least October 2012. Progress report from August 2013 indicated that the employee admits to taking 10-12 tablets of Norco per day, which far exceeds the recommended amount. Currently, the employee's morphine equivalent dose with MS Contin is 320mg per day, which is significantly higher than the recommended 120mg per day. Also, there are no periodic urine drug screens to monitor the employee's opioid use. Previous urine drug screens in 2012 were not consistent with prescribed medication, as they were positive for non-prescribed benzodiazepines and amphetamines. Therefore, the request for Norco 10/325mg #240 was not medically necessary.

8 TENS ELECTRODES PER MONTH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that a one-month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach. How often the unit was used, outcomes in terms of pain relief and function, and other ongoing treatment should also be documented during the trial period. This employee has been using TENS, but there is no documentation regarding the duration and frequency of use, as well as functional benefits derived. Additional information is necessary to support continued use of TENS. Therefore, the request for 8 TENS electrodes per month was not medically necessary.

4 TENS UNIT BATTERIES PER MONTH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that a one-month trial period of the TENS unit should be documented as an adjunct to ongoing

treatment modalities within a functional restoration approach. How often the unit was used, outcomes in terms of pain relief and function, and other ongoing treatment should also be documented during the trial period. This employee has been using TENS, but there is no documentation regarding the duration and frequency of use, as well as functional benefits derived. Additional information is necessary to support continued use of TENS. Therefore, the request for 4 TENS batteries per month was not medically necessary.