

<b>Case Number:</b>	CM14-0011486		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/13/1995
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Tennessee. 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 64-year-old female who has submitted a claim for bilateral hip pain; chronic back pain with lumbar degenerative disk disease and facet arthrosis; rheumatoid arthritis and gammaglobulin insufficiency; anxiety, bipolar disorder, and fibromyalgia; GERD (Gastroesophageal Reflux Disease) and renal insufficiency; and status post bilateral knee replacements with complications and revision of the left knee associated with an industrial injury date of June 13, 1995. Medical records from 2013 were reviewed. The patient complained of constant intractable pain in both hips, grade 8/10 in severity. She reports difficulty ambulating and performing exercises. Physical examination showed tenderness over the greater trochanters. Passive range of motion of the hips was very painful in flexion and external rotation. There was positive Fabere maneuver in both hips. Imaging studies were not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, left cubital tunnel injections, trochanteric bursal injections. Utilization review, dated January 20, 2014, modified the request for MSContin 60mg #90 to MSContin 60mg #45, and Oxycodone IR 30mg #120 was modified to Oxycodone IR 30mg #60 to facilitate a weaning process and because there was no documentation of objectively measured, maintained increase in function or decrease in pain with the use of this medication. The request for Clonazepam 1mg #120 was modified to Clonazepam 1mg #60 to facilitate a weaning process and because there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. Furthermore, it was not indicated for long-term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF MS CONTIN 60MG, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (CRITERIA FOR USE).

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was off MS Contin since October 2011 and was again prescribed with it on April 2013. Patient claims that medication provided her at least 50% functional improvement versus not taking them at all. However, the medical records failed to document improvements in activities of daily living and presence of side effects. Urine drug screens were appropriate according to the medical records submitted but official reports were not available. MTUS Guidelines require clear and concise documentation for ongoing management. The medical necessity was not established due to insufficient information. Therefore, the request for Prescription of Ms Contin 60mg, #90 is not medically necessary.

**PRESCRIPTION OF OXYCODONE IR 30MG, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (CRITERIA FOR USE).

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been prescribed Oxycodone since December 2011. Patient claims that medication provided her at least 50% functional improvement versus not taking them at all. However, the medical records failed to document improvements in activities of daily living and presence of side effects. Urine drug screens were appropriate according to the medical records submitted but official reports were not available. MTUS Guidelines require clear and concise documentation for ongoing management. The medical necessity was not established due to insufficient information. Therefore, the request for Prescription of Oxycodone Ir 30mg, #120 is not medically necessary.

**PRESCRIPTION OF CLONAZEPAM 1MG, #120: Upheld**

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

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

**Decision rationale:** According to page 24 of the CA 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 its use to 4 weeks. In this case, clonazepam was prescribed since November 2011 for her anxiety disorder. However, there was no documentation of continued functional benefit in terms of her psychiatric condition. The medication is not recommended for long-term use. Therefore, the request for Prescription of Clonazepam 1mg, #120 is not medically necessary.