

Case Number:	CM14-0013048		
Date Assigned:	02/24/2014	Date of Injury:	05/05/2000
Decision Date:	06/26/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, anxiety disorder, and chronic low back pain reportedly associated with an industrial injury of May 5, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; and dietary supplements. In a Utilization Review Report dated January 20, 2014, the claims administrator denied a request for Klonopin, approved a request for oral diclofenac, denied a request for Trepadone, denied a request for Gabadone, approved a request for omeprazole, approved a request for amitriptyline, and denied a request for Valium. The applicant's attorney subsequently appealed. However, no clinical progress notes were attached to the application for Independent Medical Review or to the request for authorization. The claims administrator apparently was privy to more records than were attached to the Independent Medical Review record. The few records provided comprise largely of urine drug testing dated February 6, 2013 and October 18, 2012, along with a genetic testing dated February 6, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 1MG QTY: 90.00: 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,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: According to the Stress Related Conditions Chapter of the ACOEM Practice Guidelines, anxiolytic medications are not recommended for chronic or long-term use purposes and are typically endorsed only for brief periods, in cases of overwhelming symptoms, to allow an applicant to recoup emotional resources. In this case, however, the attending provider is seemingly providing Klonopin for regular, daily, scheduled-use purposes. This is not compatible with ACOEM Guidelines. Furthermore, no applicant-specific rationale, narrative, or commentary was attached to the request for authorization so as to offset the unfavorable ACOEM guideline recommendations. The request for clonazepam 1mg, ninety count, is not medically necessary or appropriate.

TREPADONE QTY: 120.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I) Rationale for Recommendation. As there is no evidence of their efficacy, complementary and alternative treatments including dietary supplements, etc., are not recommended for treatment of chronic pain conditions.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guideline, complementary or alternative treatments such as Trepadone are not recommended in the treatment of chronic pain as they have no proven outcomes in the treatment of the same. In this case, as with the other request, no completed progress note, narrative commentary, or rationale was attached to the request for authorization so as to offset the unfavorable ACOEM recommendation. The request for Trepadone, 120 count, is not medically necessary or appropriate.

GABADONE QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce

meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I) Rationale for Recommendation. As there is no evidence of their efficacy, complementary and alternative treatments including dietary supplements, etc., are not recommended for treatment of chronic pain conditions.

Decision rationale: Again, the MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, dietary supplements such as Gabadone are not recommended in the treatment of chronic pain as they have no prove benefits in the treatment of the same. In this case, as with the other request, no completed progress note, narrative rationale, or commentary was attached to the request for authorization so as to try and offset the unfavorable ACOEM recommendation. The request for gabadone, sixty count, is not medically necessary or appropriate.

DIAZEPAM 10MG QTY: 60.00: 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,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: According to the Stress Related Conditions Chapter of the ACOEM Practice Guidelines, anxiolytic medications such as diazepam are not recommended for chronic or long-term use purposes. In this case, furthermore, it is not clearly stated why the applicant needs to use two separate benzodiazepine anxiolytics, namely diazepam and Klonopin. While anxiolytics may be appropriate for brief periods, to afford an applicant with the ability to recoup emotional resources, the benzodiazepine anxiolytics are not recommended for chronic, long-term, and/or scheduled use purposes which are being proposed here. The request for diazepam 10mg, sixty count, is not medically necessary or appropriate.