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| <b>Case Number:</b>   | CM14-0013876 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 06/04/1998 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 01/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2014 |

### 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, depression, and histrionic personality disorder reportedly associated with an industrial injury of June 4, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and antidepressant medications. In a Utilization Review Report dated January 27, 2014, the claims administrator denied a request for Norco, Klonopin, and Requip. Non-MTUS ODG Guidelines were cited to deny the request for Norco, although the MTUS did address the topic. The applicant's attorney subsequently appealed. In a progress note dated January 10, 2014, the applicant reported persistent complaints of low back pain with associated restless leg syndrome. The applicant stated that Klonopin was apparently ameliorating the restless leg issues and/or spasm. The applicant was using Norco every four hours to ameliorate activities of daily living, it was stated. It was not stated which activities of daily living were specifically ameliorated. Norco, Klonopin, tizanidine, Pristiq, and Dulcolax were endorsed. It was stated that the applicant would return to regular duty work, on paper. It was not clearly stated whether the applicant was in fact working or not. On an earlier note of November 26, 2013, it was stated that the applicant was using six tablets of Norco for ongoing complaints of low back pain radiating into the right leg. On November 12, 2013, the applicant was described as having chronic low back complaints status post earlier lumbar discectomy surgery in 1999. The applicant stated she was independent in terms of performing activities of daily living and instrumental activities of daily living. It was stated that the applicant was reporting appropriate analgesia and improved performance of activities of daily living through ongoing opioid therapy. The applicant was using Klonopin chronically, it was acknowledged, along with Pristiq, an antidepressant. It was suggested (though not clearly stated) that the applicant was, in fact, working. In an October 3,

2013 work status report, the applicant had retired from her former role as a bookkeeper with [REDACTED].

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, 2014, Pain, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the attending provider has not clearly quantified any improvements in pain or function achieved as result of ongoing Norco usage. The attending provider has not stated specifically what (if any) activities of daily living have specifically been ameliorated as a result of ongoing therapy with Norco. While the applicant has been returned to regular work, on paper, the applicant has retired from her former role as a bookkeeper, and at age 57, no longer appears to be working elsewhere. Ongoing usage of Norco does not appear to be indicated as the attending provider has not quantified the benefits of Norco usage in any appreciable way. Therefore, the request is not medically necessary.

**Clonazepam 1mg #60:** Upheld

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

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

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions. In this case, it appears that the attending provider is using clonazepam for muscle spasm purposes and/or restless leg syndrome purposes. Longstanding usage of benzodiazepines such as clonazepam is not indicated in the treatment of either issue, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. No compelling applicant-specific narrative commentary or medical evidence has been provided to offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

**Requip 0.25mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com), Requip.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 7. Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Requip Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. While the Food and Drug Administration (FDA) does acknowledge that Requip is indicated in the treatment of restless leg syndrome, one of the diagnoses reportedly present here, in this case, however, there has been no discussion of medication efficacy incorporated in the attending provider's decision to renew Requip. It has not been clearly stated how or if Requip has been beneficial here. It has not been stated how or if Requip has ameliorated the applicant's restless leg syndrome. It is further noted that the attending provider has not characterized the applicant's issues with restless leg syndrome to any appreciable degree. For all of the stated reasons, then, the request for Requip is not medically necessary.