

Case Number:	CM14-0116146		
Date Assigned:	08/04/2014	Date of Injury:	10/10/2010
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old male who reported an injury on 10/10/2010. The mechanism of injury was not provided. On 06/02/2014, the injured worker presented with pain in the cervical spine. Upon examination of the neck and cervical spine there was a negative bilateral Spurling's, facet joint provocation remains positive bilaterally. There is mild to moderate tenderness of the cervical facets overlying C4-5, C5-6 and C6-7. There was also bilateral trapezius muscle tenderness and tenderness over the trapezius muscle aponeurosis and suboccipital space. Deep tendon reflexes in the bilateral biceps, triceps, and supinator are 2+ and symmetrical without any sensory motor deficits bilaterally. Examination of the bilateral shoulders revealed moderate palpable tenderness of the bilateral AC joint and over the anterior acromion, positive impingement in the left shoulder, weak positive on the right. There was moderate tenderness overlying the trapezius muscle aponeurosis and is severely tender 1 cm lateral to midline bilaterally. The diagnoses were cervical spondylosis, joint pain in shoulder and cervical disc degeneration. Current medications included Ultram, Motrin, Norflex and gabapentin. The provider recommended Klonopin and tramadol. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use, because long term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Klonopin, however, the efficacy of the medication has not been provided. Additionally, the provider's request for Klonopin 0.5 mg with a quantity of 30 exceeds the guideline recommendations of short term therapy. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. Therefore, the request for Klonopin 0.5 mg with a quantity of 30 is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- specific drug list: On-going management: Weaning of medications Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of tramadol has not been provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The request for tramadol 50 mg with a quantity of 60 is not medically necessary.