

<b>Case Number:</b>	CM14-0130422		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/24/2006
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported injury on 06/24/2006. Mechanism of injury was not submitted in the report. The injured worker has diagnosis of myalgia, carpal tunnel syndrome, chronic pain due to injury, degeneration of lumbar intervertebral disc, depressive disorder, back problem, displacement of lumbar intervertebral disc without myelopathy, low back pain, myositis, neck pain, knee pain, shoulder and joint pain, thoracic radiculitis, sacroiliac joint inflamed, and lumbosacral spondylosis without myelopathy. Past medical treatment consist of physical therapy, psychotherapy, visits with a psychiatrist, and medication therapy. Medications include vitamin C, calcium, Levoxyl, Butrans, Norco, Neurontin, Klonopin, Seroquel, and Zoloft. A drug screen urinalysis was submitted on 03/31/2014 showing that the injured worker was in compliance with her prescription medication. On 07/25/2014, the injured worker complained of back, upper back, and right knee pain. Physical examination revealed that the injured worker had a pain rate of 6/10 with medication and 8/10 without medication. It was noted in the submitted report that physical examination was within normal limits. There lacked any pertinent evidence of range of motion, motor strength, and sensory deficits the injured worker may have had. The treatment plan is for the injured worker to continue the use of her medications. The provider feels it is necessary due to the fact that the medications take the edge off the pain and the medications are well tolerated. The Request for Authorization form was submitted on 03/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seroquel 25mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness Y Stress, Quetiapine (Seroquel), Atypical antipsychotics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental, Quetiapine (Seroquel).

**Decision rationale:** The request for Seroquel 25mg #60 is not medically necessary. ODG does not recommend Seroquel as first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Given the above, Seroquel is not recommended by ODG. As such, the request is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen When to Discontinue Opioids Weaning of.

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

**Decision rationale:** The request for Norco 10/325mg #120 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; the least reported pain or the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how the long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation also lacked evidence of the efficacy of the medication and a complete and accurate pain assessment. There was a urinalysis drug screen submitted on 03/31/2014 showing that the injured worker was in compliance with the MTUS Guidelines. However, there lacked any indication that the opioid was helping the injured worker with any functional deficits. As such, the request for Norco 10/325mg #120 is not medically necessary.

**Klonopin 0.5mg #20:** Upheld

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

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

**Decision rationale:** The request for Klonopin 0.5mg #20 is not medically necessary. The California MTUS do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The submitted documentation indicated that the injured worker had been taking Klonopin since at least 05/28/2014, exceeding the recommended guidelines for short term therapy. There was a lack of efficacy of the medication in the submitted documentation to support continued use, and the frequency was not provided in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Klonopin 0.5mg #20 is not medically necessary.