

Case Number:	CM14-0150796		
Date Assigned:	09/19/2014	Date of Injury:	09/24/2009
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 patient is a 52 year old male who was injured on 09/24/2009. Prior medication history as of 02/05/2014 included Ultram 150 mg, Klonopin 1 mg, and Prilosec 20 mg. Progress report dated 07/16/2014 states the patient presented with complaints of neck pain, headaches, and numbness in the left arm. Objective findings on exam revealed spasm of the cervical spine, painful and decreased range of motion. There is facet tenderness and motor weakness on the left at biceps/triceps at 4/5. There is radiculopathy on the left at C5-C7 and decreased sensation on the left at C5-C7. There is tenderness to palpation over the left cervicotrachezial ridge. The patient is diagnosed with cervical degenerative disk disease and left upper extremity radiculopathy at C6-C7 and is getting worse. The patient was recommended to continue with medications including Klonopin 1 mg #30, Somnacin for sleep and Laxacin to help with constipation. Prior utilization review dated 09/09/2014 states the request for Klonopin 1 mg #30 is modified to certify #15; Somnicin #30 is not certified as there is a lack of documented evidence to support the request; and Laxacin #90 is not certified based clinical information submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #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: According to the 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 the use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. With the lack of supporting documentation, the ongoing use of Klonopin would not be considered medically appropriate and would exceed the guideline recommendations to continue the use of this medication. Therefore, the request is not medically necessary.

Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Medical Food

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: <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>

Decision rationale: The Chronic Pain Medical Treatment Guidelines are silent regarding this substance, Somnicin. A thorough search of the National Library of Medicine reveals no peer-reviewed scientific literature establishing that Somnicin is effective in the treatment of any disease or disorder. The Somnicin website indicated the use as an oral medication of natural ingredients to help and promote sleep. There is a lack of supporting documentation indicating any signs of insomnia and there is no documentation on the efficacy of Somnicin therefore, the request is not medically necessary.

Laxacin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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: <http://www.drugs.com/sfx/laxacin-side-effects.html>

Decision rationale: The Chronic Pain Medical Treatment Guidelines state initiating opioid therapy should include the prophylactic treatment of constipation. Laxacin, a laxative, consisted of sennosides and docusate, used to help relieve constipation. There is a lack of supporting documentation of the efficacy of Laxacin and due to additional constipation medication, it does not appear that Laxacin was effective in this case. The request for this medication is not medically necessary.

