

Case Number:	CM14-0153489		
Date Assigned:	09/23/2014	Date of Injury:	10/10/1997
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 56 year old female who was injured on 10/09/1997. The mechanism of injury is unknown. Prior medication history included MS-Contin, Lunesta, clonazepam, Baclofen, and Lunesta. Toxicology report dated 05/06/2014 documents Baclofen, Dilaudid, hydromorphone, Klonopin, MS-Contin, Flector, Lunesta, and Voltaren are prescribed. The study detected Morphine, hydromorphone, 7-aminoclonazepam and Baclofen. Toxicology report dated 08/07/2014 documents Baclofen, Dilaudid, hydromorphone, Klonopin, MS-Contin, Flector, Lunesta, and Voltaren are prescribed. The study detected Morphine, hydromorphone, 7-aminoclonazepam and Baclofen. Progress report dated 09/04/2014 documented the patient to have complaints of pain rated as 7/10. She continued to have significant pain in the cervical and lumbar spine. She has spasms in the upper trapezius and weakness in the right ankle dorsiflexion at 4-/5. There are paraspinal muscles in the lumbar region with acute spasms in the posterior aspect of the legs. The patient has decreased range of motion in the cervical and lumbar spine. She continued to have axial and radicular pain in the upper and lower extremities. She has positive straight leg raise bilaterally. She is diagnosed with multilevel lumbago with radiculopathy, cervicalgia, and thoracic disc disease with intractable pain; facet and sacroiliac joint arthropathy and neuropathic pain. She was recommended Clonazepam, Baclofen, and Dilaudid. Prior utilization review dated 09/09/2014 states the request for Clonazepam 1mg is denied as medical necessity has not been established; Baclofen 10mg is denied as medical necessity has not been established; and Dilaudid 4mg is modified to certify Dilaudid 300 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 1MG: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Clonazepam

Decision rationale: The CA MTUS states benzodiazepines are not recommended for long-term use because efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. According Official Disability Guidelines, Klonopin is not recommended. If anxiety diagnosis were clinically established, the appropriate medication would be an anti-depressant. Furthermore, the medical records do not establish the patient has benefited with use of this medication. There is no documented subjective improvement in pain and function, or improved objective findings demonstrated on examination. Klonopin is not recommended, and ongoing use is not supported by the medical records. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary. The request is not medically necessary, as per the guidelines.

BACLOFEN 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: According to the guidelines, Baclofen is used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. Baclofen (Lioresal, generic available) is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The medical records do not demonstrate this patient has a condition for which Baclofen is medically indicated to treat. Furthermore, chronic use of muscle relaxants is not recommended. In the absence of spasticity as seen in conditions such as CP, MS and spinal cord injuries, the medical necessity of Baclofen is not established under the guidelines. The request is not medically necessary.

DILAUDID 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-97.

Decision rationale: According to the CA MTUS guidelines, opioids are indicated for moderate to moderately severe pain. Dilaudid, "short-acting opioid" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. It is reported that the patient has improved with the medication regimen; however, there continues to be severe pain levels and minimal function reported. There is no evidence of any meaningful functional gains. The medical literature supports that analgesia is not always sustained over time and pain may be improved with weaning of opioids. Given these factors, the medical necessity of Dilaudid has not been established. The request is not medically necessary.