MAXIMUS Federal Services

Case Number:	CM14-0171479		
Date Assigned:	10/23/2014	Date of Injury:	10/10/1985
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 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:

This is a male patient with a date of injury of October 10, 1985. A utilization review determination dated October 1, 2014 recommends non-certification of Klonopin 0.5 mg #90 modified to #45, and Cyclobenzaprine 5 mg #50. A progress note dated July 17, 2014 identifies subjective complaints of states that is better with the warmer weather, back on Nexium, medications are okay, had to use Oxycodone and up to 5 Norco per day although on some days only 2-3. The patient reports with meds VAS of 5, and without medications 8-9. Physical examination identifies positive trapezius pain and tightness, range of motion slightly limited, and positive SI increase with AP and lateral compression. Most recent CURES done in July 2014 was as expected. The diagnoses include low back pain, degeneration of lumbar inner vertebral disc, nocturnal muscle spasm, and sleep disturbance related to pain. The treatment plan recommends stretching and relaxation exercises for the mid back, continue with Lidoderm patches on a more consistent basis due to TPI's have been denied, prescription for OxyContin 10 mg #60, prescription for Norco 10-325 #90, Lunesta 3 mg #30, Flexeril 5 mg #25, Klonopin .5 mg #60, stop Ambien, stop Trazodone, and a prescription for Nexium 40 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #90: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Klonopin 0.5mg #90, MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no rationale provided for long-term use of the medication despite the California MTUS recommendation against long-term use. Additionally, it appears that the Klonopin is being prescribed for nocturnal leg cramps. Benzodiazepines should not be abruptly discontinued, fortunately, there is a provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Klonopin 0.5mg #90 is not medically necessary.

Cyclobenzaprine Hydrochloride 5mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine 5mg #50, MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is identification of generalized analgesic benefit and generalized objective functional improvement as a result of all the medications the patient is currently taking including the Cyclobenzaprine. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. As such, the currently requested Cyclobenzaprine 5mg #50 is not medically necessary.