MAXIMUS Federal Services

Case Number:	CM14-0024451		
Date Assigned:	06/11/2014	Date of Injury:	11/23/1999
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/26/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 50 year old male who sustained an injury on 11/23/99. No specific mechanism of injury was noted. The injured worker had an extensive surgical history to the lumbar spine with development of failed back surgery syndrome. The injured worker was also noted to have comorbid bipolar disorder. The injured worker was followed for pain management by [redacted]. The injured worker had a long term use long term history of Norco and Clonazepam. Earlier notes in 2013 noted a Butrans trial for which the injured worker was able to reduce his Norco use. It was unclear from the clinical records why the injured worker continued back on to Norco. Clinical record on 01/06/14 noted ongoing complaints of low back pain with numbness in the lower extremities with associated muscular spasms and weakness in the lower extremities. The injured worker described his pain at 4-5/10 on the visual analog scale (VAS). The injured worker was pending further hardware removal at L3-4. Physical examination noted decreased range of motion in the lumbar spine with paraspinal muscular spasms and tenderness to palpation over the hardware. Recent CT showed a solid fusion from L3 to L5. The injured worker was continued on Norco and Clonazepam at this evaluation. There was a PHQ-9 score of 13 indicating moderate depression. There was a new onset of left sided foot drop on physical examination. Follow up on 01/21/14 noted no change in symptoms. Physical examination findings were unchanged. The requested prescription for Norco 10/325mg #150 and Clonazepam 1mg #90 with three refills were denied by utilization review on 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker improved with previous use of Butrans that allowed the injured worker to discontinue Norco. It was unclear from the clinical records why the injured worker was returned back to Norco for pain control. Per Chronic Pain Medical Treatment Guidelines, short acting narcotics can be considered an option in the treatment of moderate to severe musculoskeletal pain. Guidelines recommend that there be ongoing assessments for functional benefit and pain reduction obtained with the continued use of Norco as a short acting narcotic. As this was not clearly identified in the clinical documentation submitted for review and as there is no clinical documentation regarding recent any recent toxicology results or other compliance measures which would be indicated for this medication given its long term use per Chronic Pain Medical Treatment Guidelines this reviewer would not have recommended the request as medically necessary.

CLONAZEPAM 1 MG #90, WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: In regards to the request for clonzaepam 1mg quantity 90 with three refills, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and Chronic Pain Medical Treatment Guidelines. In review of the clinical documentation submitted for review it is noted the injured worker has had multiple inconsistent toxicology results for benzodiazepines. This was never discussed in the clinical documentation submitted for review. As guidelines do not recommend chronic use of benzodiazepines as there is limited evidence of its efficacy for long term management of chronic pain symptoms and as there is documentation of inconsistent urine drug screen results this reviewer would not recommend the request as medically necessary.