

<b>Case Number:</b>	CM14-0030832		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/11/1990
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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, 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 injured worker is a 61 year old man who reported an injury on 04/11/1990 due to an unknown mechanism of injury. The injured worker complained of constant shooting, stabbing, and throbbing pain to the left wrist. On 01/16/2014 the physical examination revealed no sign and symptoms of infection to the left wrist. His cap refill was intact but tender. The injured worker had a diagnoses of reflex sympathetic dystrophy of upper limb, and generalized anxiety disorder. Based on the documentation provided, the past treatment consisted of medication therapy. The injured worker was on the following medications OxyContin 40mg, Clonazepam 2mg, and Norco 10/325mg since at least 02/14/2013. The current treatment plan is for one (1) prescription of Clonazepam 2mg between 01/16/2014 and 04/28/2014 and one (1) prescription of Norco 10/325mg #50 between 01/16/2014 and 04/28/2014. There was no rationale submitted for review. The request for authorization form was dated 01/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Clonazepam 2 mg. between 1/16/2014 and 4/28/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE (ODG) Chronic Pain.

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

**Decision rationale:** The request for the one (1) prescription of Clonazepam 2mg is non-certified. The injured worker has a history of constant pain in the left wrist and anxiety disorder. The CA MTUS guidelines state that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. According to the documentation provided the injured worker has been on Clonazepam since at least 02/14/2013. The current request is for the date span 01/16/2014 through 04/28/2014, which clearly exceeds the recommended amount of 4 weeks. Thus, the request for a 3 month supply of this medication is not medically supported. In addition, the quantity and frequency was not provided for the proposed medication. Given the above, the request for one (1) prescription of Clonazepam 2mg between 01/16/2014 and 04/28/2014 is not medically necessary and appropriate.

**One (1) prescription of Norco 10/325 mg. # 50 between 1/16/2014 and 4/28/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, May 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

**Decision rationale:** The request for one (1) prescription of Norco 10/325mg #50 is non-certified. The injured worker has a history of constant pain in the left wrist and anxiety disorder. The CA MTUS guidelines state in regards to opioids, that there must be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. The documentation stated that the medications help to decrease his pain to 3-4/10. However, there is lack of documentation of current pain, the least reported pain over the period since the last assessment, average pain, how long it takes for pain relief, and how long pain relief lasts. In addition, there was documentation of the absence of aberrant behavior, but there was no documentation regarding analgesia, activities of daily living, and adverse side effects. As such, the request is not medically necessary and appropriate.