

Case Number:	CM14-0032999		
Date Assigned:	04/21/2014	Date of Injury:	07/18/2008
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 59-year-old female who sustained an injury on 07/18/08. No specific mechanism of injury was noted. Rather this appeared to be a cumulative trauma type injury. The injured worker had been followed for ongoing complaints of both neck and low back pain, which was affecting the injured worker's ability to perform normal activities of daily living. The injured worker had been followed by [REDACTED] for pain management. Medications for the injured worker included Norco, Clonazepam, Temazepam, Cymbalta, Soma, and Amitriptyline. Recent urinary drug screen findings were consistent with prescribed medications with the exception of Amitriptyline, which showed a negative result. As of 12/13/13, the injured worker was recommended to slowly taper Clonazepam as well as taper Amitriptyline. The clinical report did note improvement of functional activities of daily living due to medication use. Physical examination noted persistent hypertonicity of both the cervical and lumbar musculature with myospasms noted in the left lumbar region. There was restricted range of motion in the cervical and lumbar spine. Tinel's and Phalen's signs were positive bilaterally in the wrists with slight decreased grip strength noted. Follow up on 01/10/14 noted the injured worker had been able to decrease Amitriptyline to 50mg at night down from 75mg. Pain scores were 6/10 on the VAS. Physical examination findings remained unchanged. Follow up on 01/24/14 noted no change in the injured worker's symptoms. Physical examination findings remained unchanged. At this evaluation, the injured worker was prescribed Oxycontin 40mg twice daily in addition to Norco 10/325mg 4 times a day. Clonazepam .5mg was continued twice daily and Amitriptyline was continued at 75mg at night. Follow up on 02/21/14 again noted non-specific improvement in regards to function with medications. At this evaluation, the injured worker was continued on Norco and Amitriptyline only. The retrospective prescriptions for Oxycontin 40mg, quantity 60,

Norco 10/325mg, quantity 120, and Clonazepam .5mg, quantity 60 prescribed on 01/24/14 were denied by utilization review on 02/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: OXYCONTIN 40MG #60, DISPENSED 1/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to the prescription for Oxycontin 40mg, quantity 60 on 01/24/14, the clinical report provided for review on that date of service did not provide a specific rationale for prescribing Oxycontin. With the prescription of Oxycontin at 80mg daily in conjunction with the 40mg a day of Norco being utilized, the injured worker was exceeding the maximum amount of narcotics recommended to be taken in 1-day set at 120mg morphine equivalent dose (MED) per day. The injured worker's calculated MED was 150mg/day. There is no indication from the report that Norco was ineffective in relieving the injured worker's overall symptoms. Previously, the injured worker noted a functional improvement with the use of Norco. Given the lack of any clear rationale for the prescription of Oxycontin at the amount indicated it is not medically necessary.

RETROSPECTIVE NORCO 10-325MG #120, DISPENSED 1/24/14: 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), Pain Chapter, Opioids, Criteria for Use, When to Discontinue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to the requested Norco 10/325mg, quantity 120 prescribed on 01/24/14, the clinical documentation provided for review did not indicate any specific functional benefits obtained with the use of this medication or any significant pain relief. The statements regarding functional improvement were generic. Per guidelines, short acting narcotics such as Norco can be considered in the treatment of moderate to severe musculoskeletal pain; however, guidelines do recommend that there be ongoing functional assessments to establish the efficacy of this type of narcotic. The clinical documentation did not identify any clear pain improvement or functional benefit obtained with the medication to warrant its ongoing use. Therefore, it is not medically necessary for the requested medication.

RETROSPECTIVE: CLONAZEPAM 0.5MG #60, DISPENSED 1/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 22.

Decision rationale: In regards to the use of Clonazepam 0.5mg, # 60 dispensed on 01/24/14. The chronic use of benzodiazepines is not recommended by current evidence based guidelines, as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short-term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, it is not medically necessary for continuing use of this medication.