

<b>Case Number:</b>	CM14-0033318		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/13/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Family Practice, 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 59 yr. old male claimant that sustained a work related injury on 2/24/14 involving the lumbar spine. He was diagnosed with lumbar radiculopathy and suffered from post-laminectomy syndrome as well as peripheral neuropathy and chronic pain. He underwent epidural steroid injections in 10/2013. A progress note on 2/10/14 indicated he had 7/10 pain without medication. Physical findings included paralumbar muscle spasms, decreased sensitivity in the L5-S1 region, and decreased range of motion (unchanged from 8/2013). He was treated with Nucynta 75 mg for pain, Gabapentin 900 mg three times a day as needed for neuropathy and Clonazepam 1 mg for anxiety. With medications his pain dropped to 2/10. He had been on these medications for at least 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 tablets of Nucynta 75mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Nucynta is an extended release opioid. The patient has been on Nucynta for over 6 months with similar findings in pain scales. According to the MTUS guidelines, long term use of opioids should have improvement in pain and function. In addition, opioids are rarely beneficial for compressive or mechanical etiologies. Consideration of a consultation with a multidisciplinary pain clinic would be reasonable only if doses of opioids are required beyond what is usually required for the condition or if pain does not improve on opioids in 3 months. A pain agreement and consideration of psychological evaluation should also be considered. The continued use of Nucynta based on the above is not medically necessary.

**Clonazepam 1mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** According to the MTUS guidelines, 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. In this case, the patient has been on Clonazepam for over 6 months. The continued use along with opioids increases dependence. Therefore, the request for Clonazepam 1 mg is not medically necessary