

Case Number:	CM14-0036924		
Date Assigned:	06/25/2014	Date of Injury:	02/13/2006
Decision Date:	08/12/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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 Texas and Oklahoma. 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 female who reported an injury on 2/13/2006 caused by repetitive usage of her hands. The injured worker reportedly sustained an injury to her bilateral hands after the folding machine to fold the payroll checks was inoperable, and she had to fold all the checks by hand. The injured worker's treatment history included physical therapy treatment, psychological testing, X-rays, chiropractic treatment, ultrasounds, medications, pain management, and EMG (electromyography)/NCV (Nerve Conducting Velocity). The injured worker was evaluated on 02/14/2014, and it was documented that the injured worker complained of ongoing right shoulder and arm pain, the provider documented she had improvement in her activities of daily living. It was noted the injured worker had a spine stimulator in use. On 02/18/2014, the injured worker had undergone a urine screen that detected Benzodiazepines. The injured worker was evaluated on 03/12/2014 and it was documented that the injured worker symptom package was vastly under regimen and she will need ongoing support for her musculoskeletal and degenerative changes/conditions. The objective findings included significant physical examination, laboratory, imaging, and other diagnostic findings. The provider noted the injured worker is being treated of her symptoms to control and endure activities of daily living. The diagnoses included degenerative joint disease cervical spine, post-surgical carpal tunnel syndrome left hand, left upper extremity radiculopathy, post-traumatic stress disorder, generalized anxiety disorder, depression, and regional pain syndrome. The medications included Cymbalta 60 mg, Klonopin 0.5 mg, and Emerzian. The rationale for random urine drug screen test was to monitor the injured worker's medication intake. The Request for Authorization dated 02/18/2014 for a urine drug screen and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines 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. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request for Klonopin 0.5mg #30 is not medically necessary.

Random Drug Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. On 02/18/2014 the injured worker under gone a urine drug screen that detected benzodiazepines, however there was lack of evidence provided on the longevity of the opioids, VAS scale measurements while on the opioids, and outcome measurements of physical therapy regimen for the injured worker. Given the above, the request for Random Drug Screening is not medically necessary.