

Case Number:	CM14-0039731		
Date Assigned:	06/27/2014	Date of Injury:	03/05/2004
Decision Date:	08/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 records presented for review indicate that this 45 year old male was reportedly injured on 3/5/2004. The mechanism of injury is undisclosed. The most recent progress note, dated 2/26/2014, indicates that there are ongoing complaints of low back pain, bilateral hand and wrist pain. The physical examination demonstrated: lumbar spine positive spasm, painful and limited range of motion, positive Lasegue sign bilaterally, positive straight leg raise bilaterally at 60 degrees, decreased sensation bilaterally at L5-S1, pain at L4-L5, and S1 distribution, tenderness to palpation over the facet joints, bilateral hands noted positive Tinnel's and Phalen's sign. No recent diagnostic studies are available for review. Previous treatment includes previous surgeries, physical therapy, medication, and conservative treatment. A request was made for Norco 10/325 milligrams #60, Klonopin 1 milligram #60, and was not certified in the preauthorization process on 3/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/ 325 #60: 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 : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 74-78 of 127 Page(s): 74-78 OF 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule (MTUS) supports short-acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

Klonopin 1 mg #60: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page 24 of 127 Page(s): 24 OF 127.

Decision rationale: Benzodiazepines such as Klonopin 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 four 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. After review of the medical records provided I was unable to determine any pertinent findings to disregard the above stated guidelines. Therefore, this request is deemed not medically necessary.