

Case Number:	CM14-0043009		
Date Assigned:	06/30/2014	Date of Injury:	05/15/1994
Decision Date:	08/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 Ohio. 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 reported an injury on 05/15/1994. The mechanism of injury was not stated. Current diagnoses include sciatica, obesity, opioid type dependence, lumbago, chronic pain, cervicgia, causalgia of the upper limb, and brachial neuritis or radiculitis. The injured worker was evaluated on 02/18/2014 with complaints of persistent neck and lower back pain. Physical examination revealed normal findings with the exception of decreased deep tendon reflexes. Treatment recommendations at that time included continuation of the current medication regimen including clonazepam 1 mg and Duragesic 75 mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mgc: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 44 Page(s): 44..

Decision rationale: The California MTUS Guidelines do not recommend Duragesic as a first line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There is no documentation of a failure to respond to first line opioid medication. There is also no frequency or quantity listed in the current request. As such, the request for Duragesic 75 mgc is not medically necessary.

Clonazepam 1mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend long-term use of benzodiazepines, because long-term efficacy is unproven and there is a risk of dependence. There is also no frequency or quantity listed in the current request. As such, the request for Clonazepam 1 mg is not medically necessary.