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| Case Number: | CM14-0050474 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 05/26/2000 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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, Pain Medicine and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 05/26/2000 caused by a unspecified mechanism. The injured worker had a history of right hip and also chronic lower back pain. The injured worker had a diagnoses of chronic lower back pain with lower extremity radiculopathy and chronic right knee pain. No diagnostic studies were provided within the medical records. The physical examination of the lumbar spine dated 02/15/2014 revealed tenderness to palpation and an antalgic gait. The medications included MS Contin 100 mg, Oxycodone 30 mg, and Klonopin 2 mg, with a rated pain of 2/10 with medication and at his best would be 1/10, and his worst without medication is 7/10 using the VAS. No past treatment plan was provided. The treatment plan included continuation of medication. The request for authorization dated 03/03/2014 was submitted within the documentation. No rationale for the Oxycodone 30 mg or the Klonopin 2 mg was given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Ongoing Pain Management, page 78 page(s) Page(s): 78.

Decision rationale: The request for Oxycodone 30 mg is not medically necessary. The California MTUS Guidelines state Oxycodone is a potentially addictive opiate and addictive medication, and it is a Schedule 2 controlled substance. The guidelines recognize 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain for the injured worker that is on opiates, which include pain relief, side effects, physical and psychological functioning, and the occurrence of any potential aberrant or nonadherent drug-related behaviors. The guidelines also recommend the consideration of a consultation with a multidisciplinary pain clinic if doses of opiates are required beyond what is usually required for the condition, or pain that does not improve on opiates within 3 consider a psych consult if there is evidence of depression, anxiety, or irritability, consider an additional medication consult if there is evidence of substance misuse. Per the clinical note from 02/24/2014, it indicated that the injured worker was taking Oxycodone 5 times a day, which equals 180 mg daily dose. That exceeds the equivalence of the 120 mg of oral morphine per day as recommended by the guidelines. Per the clinical note dated 02/24/2014, it indicates that there is no improvement. The request did not specify the frequency of the medication. As such, the request is not medically necessary.

Klonopin 2mg #28: 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): 24.

Decision rationale: The request for Klonopin 2 mg #28 is not medically necessary. The California MTUS Guidelines does not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines recommend the use for 4 weeks. The clinical note dated 01/06/2011 indicated that the injured worker was prescribed Klonopin and, again on 03/31/2011 the injured worker was prescribed Klonopin. The request did not address the frequency of the Klonopin. As such, the request is not medically necessary.