

<b>Case Number:</b>	CM14-0077752		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Interventional Spine 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:

The patient is a 44-year old female with an injury date of 05/15/09. Based on the 02/12/14 progress report provided by [REDACTED] the patient complains of left shoulder and left upper extremity pain. She uses Percocet and denies side effects. Functional gains include significant ability with her ADL's and mobility, contributing to her quality of life. Per progress report dated 03/13/14, patient signed pain contract and had a preliminary urine drug screen. Klonopin is stable and helps patient with anxiety. Clonazepam is prescribed in progress report dated 12/17/13. She had cervical epidural steroid injection on 02/21/14. Diagnosis 02/12/14- brachial neuritis- displacement of cervical intervertebral disc without myelopathy- shoulder joint pain. The utilization review determination being challenged is dated 05/14/14. The rationale follows: 1) decision for Percocet 7.5/325mg #50: "UDS not positive for Clonazepam, although it is suggested she has been taking it for a long time. Patient has not been screened for aberrant behavior..." 2) decision for Clonazepam 0.5mg #50: "benzodiazepines are not recommended for a long time." [REDACTED] is the requesting provider, and he provided treatment reports from 12/17/13 - 03/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325mg, qty 50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS ; CRITERIA FOR USE OF OPIOIDS (MTUS 76-78) Page(s): 88, 89;76-78.

**Decision rationale:** MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater provides a general statement that functional gains from Percocet include significant ability with her ADL's and mobility, contributing to her quality of life; however no specific ADL's are discussed. There are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and analgesia, etc. Per progress report dated 03/13/14, patient signed pain contract and had a preliminary urine drug screen. However, per utilization review letter dated 05/14/14, "UDS was not positive for Clonazepam, although it is suggested she has been taking it for a long time. Patient has not been screened for aberrant behavior..." The request does not meet MTUS criteria. Therefore, Percocet 7.5/325mg, qty 50 is not medically necessary.

**Clonazepam 0.5mg, qty 50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 24.

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

**Decision rationale:** The MTUS Guidelines page 24 state, "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." MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence". Per progress report dated 03/13/14, Clonazepam/Klonopin is stable and helps patient with anxiety. Clonazepam is prescribed in progress report dated 12/17/13. MTUS does not support long term use of benzodiazepines. Therefore, Clonazepam 0.5mg, qty 50 is not medically necessary.