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| Case Number: | CM14-0085217 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 07/17/2006 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is 56 year old male who was injured on 7/17/2006. The diagnosis is low back pain. There are associated diagnoses of anxiety, stress and panic disorder. On 1/8/2014 [REDACTED] Mirza noted subjective complaints of 8-9/10 pain score without medications and 2-3/10 with medications on a scale of 0 to 10. It was noted that the patient discontinued Xanax due to side effects. He was started on Klonopin for anxiety. On 4/30/2014, the patient complained that he cannot get out of bed without utilizing the pain medications. There was tenderness on the lumbar paraspinal muscles, positive straight leg raising test and decreased sensation below the knee. There were no changes from prior examination findings. A Utilization Review determination was rendered on 5/30/2014 recommending non certification for methadone 10mg #150 and Klonopin 1mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PT ADN Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the ODG guidelines recommend that opioids can be utilized in the treatment of acute exacerbation of chronic musculoskeletal pain when standard NSAIDS and PT have failed. Opioids can also be utilized for maintenance treatment when the patient has exhausted surgical and non opioid medication options. It is recommended that methadone be utilized only as a second line option when first line opioids are ineffective or cannot be tolerated because of the high incidence of severe adverse complications associated with chronic methadone use. The records did not show that the patient could not tolerate or have failed first line opioid medications. There is no documentation of compliance monitoring such as Pain Contract, UDS, Pills count and EKG that is required during chronic methadone treatment. The criteria for the use of methadone 10mg #150 was not met. Patients with comorbid psychiatric disorders should be referred to addiction medicine or psychiatrists for safe weaning.

Klonopin 1mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the ODG recommends that the use of anxiolytic medications be limited to 4 week periods due to the development of tolerance, dependency, addiction and adverse drug interactions that is associated with chronic use of benzodiazepines. It is recommended that first line medications such as duloxetine that have analgesic, antidepressant and anxiolytic effects be utilized. The records indicate that the patient started on Klonopin in January, 2014 after failing treatment with Xanax. There are significant complaints of stress, panic disorder and inability to get out of bed indicating poorly controlled comorbid psychosomatic disorders. The criteria for the use of Klonopin 1mg #15 was not met.