

Case Number:	CM14-0093971		
Date Assigned:	07/25/2014	Date of Injury:	01/23/2004
Decision Date:	09/30/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal Medicine, 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 injured worker is a 61 year old male who had date of injury of 01/23/04. The record does not provide a mechanism of injury. He was status post L4-5 fusion in 08/07. An MRI from 11/08 showed pseudoarthrosis at L4-5 with disc protrusion to the left at L3-4, bilateral neural foraminal stenosis at L3-4 worse on the right, multilevel degenerative changes from L1 to S1. EMG/NCS on 05/26/10 showed peripheral neuropathy. Several clinical notes indicated that the injured worker had significantly increasing pain and is functionally incapacitated due to inconsistencies in his receipt of medications. Per clinical note dated 03/04/14 the injured worker had pain levels of 9/10. When he was previously on MS Contin and Norco his pain levels were 6-7/10. The combination of these medications allowed him to walk anywhere from three to eight miles per day he felt healthier. He performed activities of daily living. Serial records indicated that the injured worker digressed over the past several months. He lost approximately 100 pounds. Attempts to wean the patient were not successful. He was stable on his profile for an extended period of time. He is living alone and had no internal support system. He was unable to have any quality of life or be self-sufficient without having access to medications. He was referred for psychotherapy. Utilization review determination dated 05/22/14 subsequently recommended the requests for Norco 10 325 #120, Klonipin 1mg #120 Tizanidine 4mg #240 and Colace 260mg for 60 tablets of each medication for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has a failed back surgery syndrome and has chronically elevated levels of pain. The serial records showed a prescribing provider clearly indicate that the injured worker had functional benefit from this medication. He now is documented as having lost over 100 pounds secondary to inability to get out of his bed and provide self-care. He is further noted to have suicidal ideation. There is clear evidence presented that the injured worker pain is such that he requires opiate medications. There is no evidence of diversion or misuse. He routinely undergoes urine drug screen for compliance testing. There is clear evidence of functional improvements as a result of this medication. As such, the request is medically necessary and is consistent with the chronic use of opiates per CA MTUS.

Klonopin 1mg #120: Overturned

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

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

Decision rationale: As previously stated the serial records indicate that the injured worker has substantial functional benefits on this medication profile. There is no indication of aberrant behavior and misuse. The claimant underwent routine urine drug screen and is compliant. There are clear functional benefits documented in the record and as such the medical necessity for continuation is established. The request for Klonopin 1mg #120 is recommended as medically necessary.

Tizanidine 4mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for Tizanidine 4mg #240 is recommended as medically necessary. As previously stated the serial records indicate that the injured worker has substantial functional benefits on this medication profile. There is no indication of aberrant behavior and misuse. The claimant underwent routine urine drug screen and is compliant. There are clear functional benefits documented in the record and as such the request is medically necessary.

Colace #260: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has failed back surgery syndrome for which he requires use of opiate medications. As such the record document or as such the continuation of Colace is clinically indicated secondary to opiate induced constipation and therefore, the request for Colace #260 is recommended as medically necessary.