

Case Number:	CM14-0135399		
Date Assigned:	08/29/2014	Date of Injury:	10/10/1997
Decision Date:	01/02/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational 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 patient is a 58 year-old female with date of injury 10/10/1997. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/10/2014, lists subjective complaints as pain in the low back. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles with acute spasm in the posterior aspect of the legs. Significant tenderness over the bilateral sacroiliac joints. Positive straight leg raising test bilaterally. Decreased range of motion of the lumbar spine in all directions. Axial and radicular pain was noted in the bilateral lower extremities. The diagnosis includes multilevel lumbago with radiculopathy, cervicalgia, facet and sacroiliac joint arthropathy, reactive depression and insomnia, lumbago, and neuropathic pain. The original reviewer modified the medication request to Klonopin 1mg, #15, Dilaudid 4mg, #120 and Baclofen 10mg, #30. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. The medications include Klonopin 1mg, #60 SIG: 1-2 tabs at bedtime, Dilaudid 4mg, #300 SIG: 1-2 tabs every 3-4 hours, Baclofen 10mg, #270 SIG: at bedtime, and Lunesta 3mg, #60 SIG: 1-2 at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin (Clonazepam) 1mg #60: Upheld

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

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

Decision rationale: The MTUS states that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Clonazepam for much longer than the 4 weeks suggested by the MTUS. Klonopin (Clonazepam) 1mg #60 is not medically necessary.

Dilaudid 4mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. Therefore, Dilaudid 4mg #300 is not medically necessary.

Baclofen 10mg #270: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends Baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Therefore, Baclofen 10mg is not medically necessary.

Lunesta 3mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The guidelines states that Lunesta is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. The guidelines do not recommend Lunesta for long-term use. Therefore, Lunesta 3mg #60 is not medically necessary.