

Case Number:	CM14-0181903		
Date Assigned:	11/06/2014	Date of Injury:	04/02/1991
Decision Date:	01/28/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 (IW) is a 49-year-old man with a date of injury of April 2, 1991. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar radiculopathy; chronic pain syndrome; right lower extremity reflex sympathetic dystrophy; prescription narcotic dependence; chronic pain related insomnia; chronic pain related sexual dysfunction; chronic pain related anxiety and depression. Pursuant to the most recent progress note in the medical record dated March 19, 2014, the IW complains of bilateral pain in his hips, and leg. He also has right hand pain. He describes the pain as a "ripping sensation". The pain is rated 7/10. Objective findings include normal vital signs. The provider documented that a urine drug screen dated February 14, 2014 was positive for Amitriptyline, Nicotine, and Nortriptyline. The documentation indicates the IW had a prescription narcotic dependence problem dating back to December 2011. The documentation in the medical record indicates the IW was taking Valium from 2009 through 2011. In a progress note dated December 6, 2011 the Valium was discontinued and the patient was started on Clonazepam. The documentation does not contain evidence of objective functional improvement on either Valium or Clonazepam (both benzodiazepines). The documentation indicates the injured worker was on a pain pump from 1993 to 1994. The injured worker entered a detox program in [REDACTED]. The documentation indicates the IW remained on an intrathecal pain pump and received Morphine Sulfate in 2011. Presently, the IW receives Baclofen through the intrathecal pain pump. The documentation indicates the IW has a history of opiate dependence. There are no detailed pain assessments in the medical record. A urine drug screen (UDS) was inconsistent in a progress note dated August 4, 2013. Flexeril was present in the UDS, however, was not prescribed. Antidepressants were present in the drug screen, however, were not prescribed. A single progress note from 2014 was present in the medical record dated March 2014. The progress note

does not contain documentation of an opiate. The treating physician requested a follow-up urine drug screen, increase baclofen 21%; glucosamine, Cymbalta, Elavil, and Neurontin for continued. There is no clinical indication for clinical rationale in the March 19, 2014 progress note for Norco. Additionally, a review of the record did not show documentation compatible with objective functional improvement with prior opiate use or Baclofen use. The current request is for Clonazepam 2mg #30, and Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #30 tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary last updated 10/02/2014

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Clonazepam 1 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines are for the treatment of choice in very few conditions. In this case, the injured worker's working diagnoses are lumbar radiculopathy; chronic pain syndrome; right lower extremity reflex sympathetic dystrophy; prescription narcotic dependence; neuropathic pain; chronic pain related insomnia; chronic pain related sexual dysfunction; chronic pain related anxiety; and chronic pain related depression. The documentation indicates the injured worker had a prescription narcotic dependence problem dating back to December 2011. The documentation in the medical record indicates the injured worker was taking Valium 2009 through 2011. In a progress note dated December 6, 2011 the value was discontinued and the patient was started on Clonazepam. The documentation does not contain evidence of objective functional improvement of either Valium or Clonazepam (both benzodiazepines). Benzodiazepines are not indicated for long-term use (longer than two weeks) because there is a risk of psychological and physical dependence or frank addiction. The injured worker has a history of prescription narcotic dependence. Consequently, at the appropriate clinical indication, history of prescription narcotic dependence, Clonazepam 1 mg #30 is not medically necessary.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. A risk assessment should be performed to determine whether the injured worker was a low risk, intermediate risk or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are lumbar radiculopathy; chronic pain syndrome; right lower extremity reflex sympathetic dystrophy; prescription narcotic dependence; neuropathic pain; chronic pain related insomnia; chronic pain related sexual dysfunction; chronic pain related anxiety; and chronic pain related depression. The documentation indicates the injured worker was on a pain pump from 1993 to 1994. The injured worker entered a detox program in [REDACTED]. The documentation indicates the patient remained on an intrathecal pain pump and received morphine sulfate in 2011. Presently, the injured worker receives baclofen through the intrathecal pain pump. The documentation indicates the injured worker has a history of opiate dependence. There are no detailed pain assessments in the medical record. A urine drug screen was inconsistent in a progress note dated August 4, 2013. Flexeril was present in the urine drug screen, however, was not prescribed. Antidepressants were present in the drug screen, however, were not prescribed. A single progress note from 2014 was present in the medical record dated February 14, 2014. Progress note does not contain documentation of an opiate. Treating physician requested a follow-up urine drug screen, increase Baclofen 21%; Glucosamine, Cymbalta, Elavil, and Neurontin for continued. There is no clinical indication for clinical rationale in the February 14, 2014 progress note for Norco. Additionally, a review of the record did not show documentation compatible with objective functional improvement with prior opiate use or baclofen use. Notably, the documentation indicates the injured worker had prescription narcotic dependence. There was no documentation indicating Norco was prescribed. Consequently, absent compelling clinical documentation to support the use of Norco, the clinical indication and rationale for Norco, Norco 10/325 mg #30 is not medically necessary.