

<b>Case Number:</b>	CM14-0181909		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/12/1996
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 51 year old employee with date of injury of 2/12/1996. Medical records indicate the patient is undergoing treatment for complex regional pain syndrome of left upper extremity, neck and upper thoracic region; cervical ankyloses with degenerative disk disease; thoracic ankyloses and kyphosis; left shoulder ankyloses, severe; opiate pain management; spinal cord stimulation pain management and pain induced depression. Subjective complaints include Gabitril one tab daily does reduce neuralgia to the upper body by 50% and Duloxetine nightly has calmed neuralgia by 50%. She says that the Sybsys fentanyl spray allows her to increase here scapular and shoulder range, ride in a car, socialize with her family and wash dishes. Objective findings include cervical spine junction kyphosis measured 40 degrees; tenderness to palpation remained, taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius and rhomboid muscles causing radiating pain to the posterior scapula and back. Examination of the first rib and scapula caused severe spasm, breath holding and facial flushing and cessation of speech. She had trigger points in the lateral scapular muscles. The shoulder range of motion had increased in adduction by 10 degrees after a trigger point injection (9/3/14). On exam, the thoracic spine had severe tenderness to deep pressure. The left anterior and posterior ribs were mild and tender. The patient had limited deep breathing on the left. Muscle spasm continued and remained significant. Treatment has consisted of Gabitril; Gabapentin, Clonazepam; Subsys Fentanyl sublingual Spray; Oycontin; Duloxetine; home exercise, epidural injections and trigger point injections. The utilization review determination was

rendered on 10/22/14 recommending non-certification of Clonazepam 0.5 mg 1 tablet nightly, #30; Oxycontin 20mg 3 units 3 times a day, 270 units; Oxycodone 5mg 1 unit daily, 30 units Outpatient for complex regional pain syndrome of left upper extremity, neck and upper thoracic region and Oxycodone 5mg 1 unit daily, 30 units Outpatient for complex regional pain syndrome of left upper extremity, neck and upper thoracic region.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Clonazepam 0.5 mg 1 tablet nightly, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Anxiety medications in chronic pain , Benzodiazepines.

**Decision rationale:** Klonopin is the brand name version of clonazepam. MTUS and ODG states that benzodiazepine (ie clonazepam) is "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states that clonazepam is "Not recommended". The guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. The submitted medical records indicate that the employee has been using Klonopin since May 2014, exceeding the recommended treatment timeframe. A previous review in May 2014 denied Klonopin. Additionally, there is a lack of any significant documented efficacy with this medication. The treating physician does not outline any special circumstances or extenuating reasons to continue this medication in excess of guidelines. As such, the request for Clonazepam 0.5 mg 1 tablet nightly, #30 is not medically necessary.

#### **Oxycontin 20mg 3 units 3 times a day, 270 units: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. ODG does not recommend the use of opioids for "except for short use for severe cases,

not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request Oxycontin 20mg 3 units 3 times a day, 270 units is not medically necessary.

**Oxycodone 5mg 1 unit daily, 30 units Outpatient for complex regional pain syndrome of left upper extremity, neck and upper thoracic region.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. ODG does not recommend the use of opioids for "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request for Oxycodone 5mg 1 unit daily, 30 units Outpatient for complex regional pain syndrome of left upper extremity, neck and upper thoracic region is not medically necessary.