

Case Number:	CM14-0187954		
Date Assigned:	11/18/2014	Date of Injury:	05/26/2002
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/11/2014

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 a 51 year old female who was injured on 5/26/2002. The diagnoses are post laminectomy lumbar syndrome, lumbar radiculitis, kyphosis, status post T11-S1 fusion and thoracic spine pain. There is associated diagnosis of anxiety. The past surgery history is significant for more than 10 previous back surgeries the last on 10/14/2014 for T11-S1 fusion L2 PSO. On 10/1/2014, [REDACTED] / [REDACTED] noted that the patient was utilizing methadone, oxycodone and Klonopin for the management of chronic back pain before the recent back surgery. The patient will continue the use of TENS unit during the rehabilitation periods. On the date of the medications request 11/6/2014, the patient was being discharged for post-surgical rehabilitation. It was stated that the medications will cover a period of 3 months during the patient's recovery stay in [REDACTED]. The pain score was rated at 9/10 on a 0 to 10 scale. The patient was ambulating with a walker. The medications are Methadone, Oxycodone and Gabapentin for pain. Other medications listed are Clonazepam, Melatonin and Docusate. A Utilization Review determination was rendered on 11/10/2014 recommending non certification for Clonazepam 1mg #60 and Oxycodone 15mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #60: Overturned

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 9792.24.2 Page(s): 24,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that antianxiety medications can be utilized for the management of chronic pain associated anxiety disorder that did not respond to non medication management. The records indicate that the patient was stabilized on long term treatment with Klonopin for the treatment of anxiety and insomnia associated with chronic pain. The patient had just undergone a major back surgery that is associated with acute exacerbation of the back pain. The guidelines recommend that pain relief and anxiolytics be optimized to enable the patient participate effectively in post surgical rehabilitation therapy. The criteria for the use of clonazepam 1mg #60 was met.

Oxycodone 15 mg 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that pain management be optimized during the post- surgical rehabilitation period. The records indicate the patient was on chronic treatment with methadone and oxycodone before the major back surgery for the treatment of chronic pain. The patient had just undergone a major back surgery that is associated with acute exacerbation of the back pain. The guidelines recommend that pain relief and anxiolytics be optimized to enable the patient participate effectively in post- surgical rehabilitation therapy. The criteria for the use of oxycodone 15mg #180 was met.