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| Case Number: | CM14-0203583 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 05/16/2007 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Family Practice and is licensed to practice in 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 56-year-old female with a date of injury of 5/16/2007. The mechanism of injury is not discussed in the provided documentation. She has the following diagnoses: chronic low back pain, anxiety, depression, bilateral knee region arthralgia, internal derangement and neuropathic pain, osteoarthritis of the left knee. Prior treatment includes medications, lumbar spine status post posterior spinal fusion with hardware removal at L4-S1. Work status is described as permanent and stationary. A progress note provided notes the following objective findings: "left knee 1+ effusion, diffuse medial tenderness, trace PFC noted. ROM 5-120 degrees, stable to varus and valgus stress, calf sort and nontender." A utilization review physician did not certify a request for Clonazepam or Tramadol. Therefore, an independent medical review has been requested to determine the medical necessity of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 58, 100.

Decision rationale: In accordance with the California MTUS guidelines, 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." The guidelines go on to state that, "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." Likewise, this request for Clonazepam is not medically necessary.

Tramadol 150mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case there is no evidence of improved functioning or pain with this narcotic pain medication. There is also no evidence of a pain management contract having been signed and frequent urine drug screens being performed to monitor for aberrant behavior. Therefore, this request for Tramadol is not medically necessary.