

Case Number:	CM14-0205488		
Date Assigned:	12/18/2014	Date of Injury:	07/03/2009
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/08/2014

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 patient is an injured worker with a history of lumbar spine surgery. Date of injury was July 3, 2009. On July 11, 2013, the patient had an anterior fusion at the lumbar segments. The primary treating physician's progress report dated October 28, 2014 documented that the patient had a history of low back pain and bilateral posterolateral leg radiation which started on July 3, 2009 after she slipped and fell on a wet surface. She landed on her tailbone and developed what she describes a sharp shooting pain in her low back and her posterolateral legs. She also describes a pressure-type sensation in her low back. Her pain is worsened with standing and activity and decreased with lying flat and with ice. She complains of tingling of her legs and numbness of her feet. She complains of subjective weakness of both legs and denies bowel bladder dysfunction. Lumbar magnetic resonance imaging performed July 27, 2012 demonstrated L4-5 fusion with slightly increased listhesis, persistent mild lateral recess stenosis, no soft tissue mass or epidural fluid collection. Lumbar CT computed tomography performed April 22, 2014 demonstrated fusion at L4-5. The patient had L4-5 fusion on July 11, 2013. Physical examination was documented. The back demonstrated tenderness and full range of motion. Mood and affect were appropriate and congruent. Diagnoses included low back pain, lumbar radiculopathy, and lumbar facet arthropathy. Treatment plan was documented. The patient has failed Morphine, Dilaudid, Opana, Vicodin. Request for authorization (RFA) dated November 25, 2014 requested Klonopin, Oxycontin, and Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg tab #90: Upheld

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

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 (Chronic) Benzodiazepines Clonazepam (Klonopin)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) 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. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. Medical records document the long-term use of Klonopin. Per MTUS, long-term use of Klonopin is not recommended. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. MTUS and ODG guidelines do not support the use of Klonopin. Therefore, the request for Klonopin 1mg tab #90 is not medically necessary.

Oxycontin 20mg tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document a history of lumbar conditions and long-term opioid use. The long-term use of opioid medications is not supported by MTUS and ACOEM guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Medical records do not present corresponding progress reports from November 2014 regarding the request for Oxycodone. Request for authorization (RFA) was dated November 25, 2014. Without the November 2014

progress report, the request for Oxycodone, which a schedule II controlled substance, is not supported. Therefore, the request for Oxycontin 20mg tab #60 is not medically necessary.

Dilaudid 4mg tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document a history of lumbar conditions and long-term opioid use. The long-term use of opioid medications is not supported by MTUS and ACOEM guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Medical records do not present corresponding progress reports from November 2014 regarding the request for Dilaudid. Request for authorization (RFA) was dated November 25, 2014. Without the November 2014 progress report, the request for Dilaudid, which a schedule II controlled substance, is not supported. Therefore, the request for Dilaudid 4mg tab #90 is not medically necessary.

Dilaudid 2mg tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than

safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document a history of lumbar conditions and long-term opioid use. The long-term use of opioid medications is not supported by MTUS and ACOEM guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Medical records do not present corresponding progress reports from November 2014 regarding the request for Dilaudid. Request for authorization (RFA) was dated November 25, 2014. Without the November 2014 progress report, the request for Dilaudid, which a schedule II controlled substance, is not supported. Therefore, the request for Dilaudid 2mg tab #90 is not medically necessary.