

Case Number:	CM15-0000445		
Date Assigned:	01/12/2015	Date of Injury:	09/29/2010
Decision Date:	05/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 44 year old male, who sustained an industrial injury on 9/29/10. He reported low back pain, muscle spasms in the lateral thigh, and numbness/paresthesia in the calves and bottom of the feet. The injured worker was diagnosed as having degeneration of the lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and lumbago. Treatment to date has included epidural injections and medication. A MRI performed on 5/15/12 was noted to have revealed degenerated discs at L4-5 and L5-S1 with a right protrusion at L5-S1 with contacts the S1 nerve root. An electromyogram performed on 10/23/13 revealed right S1 radiculopathy. Currently, the injured worker complains of radicular pain in the lumbar spine and posterior legs associated with numbness and paresthesia. The treating physician requested authorization for Clonazepam 1mg #30 and a urine drug screen. A physician's report dated 10/23/14 noted the patient stated Clonazepam was very helpful for sleep and he was able to sleep 4-5 hours compared to 30 minutes without it.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with radicular pain in the lumbar spine and posterior legs. The request is for a UDS. There is no RFA provided and the date of injury is 09/29/10. The patient was diagnosed as having degeneration of the lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and lumbago. A MRI performed on 5/15/12 was noted to have revealed degenerated discs at L4-5 and L5-S1 with a right protrusion at L5-S1 with contacts the S1 nerve root. An electromyogram performed on 10/23/13 revealed right S1 radiculopathy. Treatment to date has included epidural injections and medication. Current known medications are Clonazepam and Lyrica. The patient works fulltime as a police officer. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, only two progress reports were provided for review and neither included the request. The 10/22/14 report states that the patient is taking Clonazepam and Lyrica. There is no other list of medications prescribed. MTUS and ODG support UDS's for opiate management and the reports do not show that the patient is taking any opiates. There is no explanation or discussion provided by the treater for the request. There does not appear to be any rationale for a UDS. The request IS NOT medically necessary.

Clonazepam 1 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Benzodiazepine.

Decision rationale: The patient presents with radicular pain in the lumbar spine and posterior legs. CLONAZEPAM 1MG #30. There is no RFA provided and the date of injury is 09/29/10. The patient was diagnosed as having degeneration of the lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and lumbago. A MRI performed on 5/15/12 was noted to have revealed degenerated discs at L4-5 and L5-S1 with a right protrusion at L5-S1 with contacts the S1 nerve root. An electromyogram performed on 10/23/13 revealed right S1

radiculopathy. Treatment to date has included epidural injections and medication. Current medications are unknown as they are not provided on the treater reports. The patient works fulltime as a police officer. Clonazepam is a benzodiazepine. MTUS guidelines page 24 state, do 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, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: 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. Most guidelines limit use to 4 weeks. Per progress report dated 10/22/14, treater states, "Clonazepam is very helpful for sleep, he is able to sleep for 4-5 hours compared to 30 minutes without it." While ODG guidelines recommend the benzodiazepine for insomnia, it is intended for short-term use only. Review of the medical records provided reflect Clonazepam was prescribed to the patient at least since 10/22/14. The patient's use of Clonazepam exceeds both MTUS and ODG guidelines and therefore, IS NOT medically necessary.