

<b>Case Number:</b>	CM15-0003033		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	06/17/1998
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 59 year old male, who sustained an industrial injury on June 17, 1998. He has reported chronic low back pain status post multiple lumbar surgeries and increased left lower extremity pain and was diagnosed with status post lumbar fusions, lumbar discogenic disease with radiculopathy; high lumbar radiculopathy, sleep disturbances and lumbar spondylosis. Treatment to date has included Radiographic imaging, diagnostic studies, surgical interventions, physical therapy and pain medications. Currently, the IW complains of chronic low back pain with increased lower extremity pain and weakness. The IW reported chronic back pain after a work related injury in 1998. On October 30, 2014, evaluation revealed increased back pain with radiation to the lower extremities. The IW reported pain was at a 10 on a 1-10 scale without medication. On December 11, 2014, he reported continued pain in the back and lower extremities. The recommendation was to continue the use of Norco 10/325mg, 2 tablets, three times daily, electronic studies of the lower extremities and surgical intervention. It was noted his pain was chronic. Treatment with Norco was noted on previous follow up appointments without resolution of pain. The IW was reportedly still working and having pain and sleep disturbances. On December 18, 2014, Utilization Review non-certified a request for Norco 10/325 #180 and Klonopin 1mg #60, noting the MTUS, ACOEM Guidelines were cited. On January 6, 2015, the injured worker submitted an application for IMR for review of requested Norco 10/325 #180 and Klonopin 1mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Chronic, ongoing opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are status post multiple lumbar fusions; lumbar discogenic disease with radiculopathy, high lumbar radiculopathy; chronic low back pain; sleep disturbance; and Grade II spondylolisthesis L5-S1. Subjectively, the injured worker has pain across the lower back that radiates to the bilateral lower extremities, left greater than right. He has difficulty sleeping. He complains of numbness in the left big toe and foot. Pain is worse than the left lower extremity, along the S-1 distribution. Sleep issues are not documented. The documentation indicates Norco was prescribed as far back as June 26, 2014. The documentation does not contain evidence of objective functional improvement. There are no pain assessments and no risk assessments. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco, Norco 10/325mg #180 is not medically necessary.

**Klonopin 1mg #60:** 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): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Klonopin 1 mg #60 is not medically necessary. Benzodiazepines are 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 frank addiction. Most guidelines limit use to four weeks. For additional details see the guidelines. In this case, the injured worker's working diagnoses are status post multiple lumbar fusions; lumbar discogenic disease with radiculopathy, high lumbar radiculopathy; chronic low back pain; sleep disturbance;

and Grade II spondylolisthesis L5-S1. Subjectively, the injured worker has pain across the lower back that radiates to the bilateral lower extremities, left greater than right. He has difficulty sleeping. He complains of numbness in the left big toe and foot. Pain is worse than the left lower extremity, along the S-1 distribution. Sleep issues are not documented. The documentation indicates the injured worker was taking Klonopin as far back as June 26, 2014 and October 30, 2014. The treating physician prescribed Klonopin 1 mg two tablets QHS 60 for sleep. However, the record indicates the injured worker is also taking Dalmane 30 mg one HS. Dalmane is a benzodiazepine and Klonopin is a benzodiazepine. The documentation indicates the injured worker is taking two Benzodiazepines. There is no clinical rationale in the medical record for the dual use of two benzodiazepines. There is no objective functional improvement in the medical record as it refers to Klonopin 1 mg at bedtime. Consequently, absent clinical documentation with evidence of objective functional improvement to support the ongoing use of Klonopin (in addition to Dalmane 30 mg), Klonopin 1 mg #60 is not medically necessary.