

Case Number:	CM15-0005049		
Date Assigned:	01/16/2015	Date of Injury:	04/28/2011
Decision Date:	03/30/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on 04/28/2011 while working as a retail sales manager. He has reported a left knee injury. Diagnoses include: status post left total knee arthroplasty 08/11/2014, with most recent diagnoses in 10/08/2014 of bilateral wrist/hand pain, low back pain, and left elbow pain. A progress note from the treating provider dated 12/03/2014 indicates the IW is complaining of pain in the left side of the body and back rated 9/10 on average without pain medicine. The pain is aggravated by movement. The pain is decreased by medications the effect of which is 1-2 hours. Lumbar range of motion is abnormal at 45 degrees of true flexion, 10 degrees of extension, 15 degrees of right lateral flexion, 15 degrees of left lateral flexion and 10 degrees for right rotation with 10 degrees of left rotation. The IW has pain with lumbar spine range of motion testing. There is tenderness to palpation over the lumbar facet joints. Both knees have effusion; there is palpable tenderness at the medial and lateral joint lines on the right, with good patellar tracking. The left knee has palpable tenderness at the medial and lateral joint lines with good patellar tracking. The elbow has tenderness over the medial epicondyle. Extension of the elbow supination causes pain. The shoulder has positive impingement test and positive supraspinatus test. Treatment to date include left knee replacement 08/11/2014, post op home physical therapy , pain management with urine drug screening, and medications; Naprosyn, Norco, Topamax, MS Contin, Omeprazole, and Amitriptyline. On 12/12/2014 Utilization Review non-certified a request for Clonazepam 1 mg, sixty count noting The MTUS Guidelines were cited. On 12/12/2014 Utilization Review non-certified a request for Norco 10/325 mg, sixty count. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 and 78 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco is not medically necessary.

Clonazepam 1 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 66.

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, Anxiety medications in chronic pain, Benzodiazepines

Decision rationale: Klonopin is the brand name version of clonazepam. MTUS and ODG states that benzodiazepine (ie clonazepam) is "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states that clonazepam is not recommended. The guidelines do not recommend

long-term use of benzodiazepines and state that use is limited to four weeks. The submitted medical records indicate that the employee has been using Klonopin exceeding the recommended treatment timeframe. Additionally, there is a lack of any significant documented efficacy with this medication. The treating physician does not outline any special circumstances or extenuating reasons to continue this medication in excess of guidelines. As such, the request for Klonopin 1mg #60 is not medically necessary.