MAXIMUS Federal Services

Case Number:	CM15-0008928		
Date Assigned:	01/26/2015	Date of Injury:	05/24/2001
Decision Date:	04/07/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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 61-year-old female, who sustained an industrial injury on 05/24/2001. The diagnoses have included chronic opioid tolerance, opioid induced hyperalgesia, chronic pain syndrome, opioid dependence, and cervicalgia. Treatments to date have included surgery, Transcutaneous Electrical Nerve Stimulation Unit, traction, exercise, stretching, and medications. Diagnostics to date have included urine drug screen on 11/13/2014 which was consistent with prescribed medications. In a progress note dated 12/08/2014, the injured worker presented as doing a little bit better. The treating physician reported the injured worker is taking Norco twice a day for breakthrough pain and that is a significant reduction from her previous medication dosing. Utilization Review determination on 12/17/2014 non-certified the request for Norco 10/325mg #60 and Klonopin 0.5mg #60 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids CRITERIA FOR USE OF OPIOIDS Page(s): 76-80 and 124.

Decision rationale: The injured worker is being treated for chronic neck pain and opioid dependence. Records indicate that the patient is being titrated down on opioid medications which include morphine and hydrocodone. The last 2 psychiatric progress notes indicates opioid dose reduction from 110 mg to 80 mg. With regards to weaning of opioid medications, MTUS guidelines recommend a taper by 20-50% per week. The recorded medication reduction falls within the MTUS weaning of opioid medication recommendations. The request for Norco 10/325 is therefore medically necessary.

Klonopin 0.5mg # 60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Weaning of Medications Page(s): 24 and 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/ Benzodiazepines dependence, maintenance.

Decision rationale: The injured worker is being treated for chronic neck pain and opioid dependence. Records indicate that the patient is being titrated down on opioid medications which include morphine and hydrocodone. The last 2 psychiatric progress notes indicates opioid dose reduction from 110 mg to 80 mg. The injured worker has been on a chronic dose of benzodiazepines including Ativan 0.4 mg 4 times a day. Klonopin is currently being prescribed for anxiety by psychiatrist [redacted]. MTUS guidelines generally does not recommend benzodiazepines for long-term use, unless being followed by psychiatrist. Long-acting benzodiazepines such as Klonopin are recommended for select patients due to risks of weaning. Request for Klonopin sufficiently meets both ODG and MTUS guidelines and is therefore medically necessary.