

Case Number:	CM15-0130995		
Date Assigned:	07/17/2015	Date of Injury:	02/20/2001
Decision Date:	09/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 68 year old male, who sustained an industrial injury on 2/20/2001. The mechanism of injury is injury from a rollover motor vehicle accident. The current diagnoses are acquired spondylolisthesis, other acquired deformity of back or spine, depressive disorder, degeneration of lumbar disc, sacrococcygeal arthritis, opioid dependence, and displacement of cervical intervertebral disc without myelopathy. According to the progress report dated 6/11/2015, the injured worker was seen for a follow-up visit. It is noted that he uses his medication to good effect. However, there is no pain scale to assess level of pain. The current medications are Hydrocodone/Acetaminophen, Lyrica, Clonazepam, and MS Contin. Urine drug screen from 3/10/2015 was consistent with prescribed medications. There is documentation of ongoing treatment with Clonazepam and Norco since at least 6/7/2012. Treatment to date has included medication management, physical therapy, chiropractic, MRI studies, electrodiagnostic testing, acupuncture, lumbar dorsal rhizotomy, and median branch block. Work status is described as "gainfully employed". A request for Hydrocodone/Acetaminophen and Clonazepam has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 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 Opioids for chronic use Page(s): 80.

Decision rationale: CA MTUS Guidelines state that ongoing opioids use is supported if certain criteria are met. The prescriptions should come from a single provider, the medication should be prescribed at the lowest possible dose, and there should be an ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, documentation is lacking to support ongoing use of opiates. There is no current evidence of non-opiate means of pain control. The Hydrocodone appears to have been prescribed since 6/7/2012, exceeding the goal of short-term usage. Therefore, the request is deemed not medically necessary at this time.

Clonazepam 0.5mg #30: 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 rationale: CA MTUS 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Benzodiazepines are a major cause of drug overdose. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs over months and may actually increase anxiety. In this case, the patient has been taking Clonazepam since 6/7/2012, which far exceeds recommendations. Therefore, for the above reasons, Clonazepam is deemed not medically necessary or appropriate.