

Case Number:	CM15-0139645		
Date Assigned:	07/29/2015	Date of Injury:	08/01/2005
Decision Date:	08/27/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency 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:

This female sustained an industrial injury to the neck on 8-1-05. Magnetic resonance imaging cervical spine (7-17-06) showed multilevel disc bulge with spinal canal stenosis and foraminal stenosis. Previous treatment included cervical fusion, physical therapy, acupuncture, injections and medications. In a progress report dated 7-2-15, the physician noted that the injured worker presented in extreme pain and withdraw from her pain medications that had been denied by insurance. The injured worker was unable to ambulate, was nearly incoherent and in a wheelchair. The injured worker had already been treated at Emergency Department for withdrawal. The physician stated that the injured worker had been on her pain medications for some time and had had a planned wean in the upcoming week for her Valium; however at the time of exam the injured worker was in a near collapsed and emergent state. Current diagnoses included degeneration of cervical spine intervertebral disc, cervical spine radiculopathy and osteoarthritis of spinal facet joint. The treatment plan included continuing use of heat, ice, rest, gentle stretching and home exercise and requesting authorization for continued coverage of the injured worker chronic pain medication maintenance regimen. The injured worker was provided with a one week supply of Klonopin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #21: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86 Page(s): 78-82, 86.

Decision rationale: The requested Norco 10/325mg #21, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "in general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has extreme pain and withdraw from her pain medications that had been denied by insurance. The injured worker was unable to ambulate, was nearly incoherent and in a wheelchair. The injured worker had already been treated at Emergency Department for withdrawal. The physician stated that the injured worker had been on her pain medications for some time and had had a planned wean in the upcoming week for her Valium; however at the time of exam the injured worker was in a near collapsed and emergent state. The treating physician has not documented the medical necessity for a short-term supply of this low-opiate load narcotic. The criteria noted above having been met, Norco 10/325mg #21 is medically necessary.

Klonopin 0.5mg #7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Klonopin 0.5mg #7, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has extreme pain and withdraw from her pain medications that had been denied by insurance. The injured worker was unable to ambulate, was nearly incoherent and in a wheelchair. The injured worker had already been treated at Emergency Department for withdrawal. The physician stated that the injured worker had been on her pain medications for some time and had had a planned wean in the upcoming week for her Valium; however at the time of exam the injured worker was in a near collapsed and emergent state. The treating physician has not documented the medical necessity for a short-term supply of this benzodiazepine to treat acute withdrawal symptoms. The criteria noted above having been met, Klonopin 0.5mg #7 is medically necessary.

