

Case Number:	CM15-0145495		
Date Assigned:	08/06/2015	Date of Injury:	05/03/2010
Decision Date:	09/02/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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 56 year old female who sustained an industrial injury on 05/03/2010. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Left knee strain, Lumbar strain with degenerative disc disease, Cervical strain, Right shoulder impingement syndrome, Right upper extremity radiculopathy, Rule out medial meniscus tear, right knee, Patellofemoral syndrome, right knee (due to over compensation) Treatment to date has included medications. Currently, the injured worker complains of increased pain in the lower back, right shoulder, right leg and neck that she rates as a 9-10 on a scale of 0-10. She experienced a recent fall in the interim between appointments, and since her last visit is having increased pain in the lower back, right shoulder, right leg, and neck. She rates her pain as a 9-10 on a scale of 10. She is requesting a change in medications. Concerning the fall, the worker had an episode of suicidal thoughts on 05-02-2015 and checked herself in to a medical center where she was placed on a 36 hour hold. On 05-09-2015, she had a fall with a period of unconsciousness and was taken to the hospital where she was diagnosed with cranial bleeding per a CT scan and was admitted to ICU for observation. She states her medication had not been filled and it exacerbated her symptoms and elevated her blood pressure due to pain. She is having difficulty with speech and focus. Current medications include: Folic acid, Norco, Catapres, Topamax, Trazodone, Protonix, Clonazepam, Cymbalta, and Nortriptyline. Current exam found give away weakness to her right upper limb, mild posterior cervical tenderness to palpation right worse than left, dysesthesia to the right upper limb and no pathologic reflexes. Her range of motion of the neck and lumbar are diminished in all planes.

Her right knee is tender to palpation with pain and crepitis on flexion. A request for authorization was made for: Clonazepam 1mg #90, Trazodone 50mg #30 with 1 refill, Percocet 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #90: 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 23.

Decision rationale: Review indicates Clonazepam was modified for #60 for weaning. Clonazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Clonazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Clonazepams continued use for the chronic 2010 injury, nor is there documented functional efficacy from treatment already rendered. Clonazepam 1mg #90 is not medically necessary and appropriate.

Trazodone 50mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16, Anti-depressants for Treatment of Chronic Persistent Pain; Insomnia Treatment, pages 535-536.

Decision rationale: Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. Additionally, there is no report of sleep disorder. In order to provide a specific treatment method, the requesting physician must provide clear objective documentation for medical indication, functional improvement goals expected or derived specifically relating to the patient's condition as a result of the treatments provided. Documentation of functional improvement may be a clinically significant improvement in activities of daily living, a reduction

in work restrictions and a reduction in the dependency on continued medical treatment. Absent the above described documentation, there is no indication that the specific treatment method is effective or medically necessary for this patient. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury. The Trazodone 50mg #30 with 1 refill is not medically necessary and appropriate.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-96.

Decision rationale: Review indicates Percocet was modified for #60 for weaning. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Percocet 10/325mg #90 is not medically necessary and appropriate.