

<b>Case Number:</b>	CM15-0149606		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/22/2005
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2015

### 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 58-year-old male who sustained an industrial injury on 7-22-05 with current chief complaints of lower back pain and foot pain. Diagnoses are posttraumatic stress disorder, degenerative lumbar-lumbosacral disc, lumbago, and depression. In a progress report dated 6-30-15, the treating physician notes pain level has not increased and the injured worker can perform all activities of daily living and walks daily. A CURES report 6-26-16 is consistent for medication and provider. A urine drug screening was consistent for Hydromorphone-6/15. He walks with a cane. There is tenderness over the iliolumbar area. The requested treatment is Clonazepam 1mg a day #30 (prescribed 6-30-15) and Hydromorphone 4mg every 4 hours #60 (prescribed 6-30-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 1mg by mouth every day #30 (prescribed 06/30/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Pain (chronic)' Chapter under 'Benzodiazepine'.

**Decision rationale:** The 58-year-old patient complains of lower back pain and foot pain, rated at 6/10, as per progress report dated 06/30/15. The request of for Clonazepam 1mg by mouth every day #30 (prescribed 06/30/15). The RFA for the case is dated 06/30/15, and the patient's date of injury is 07/22/05. Diagnoses, as per progress report dated 06/30/15, included post-traumatic stress disorder, degenerative lumbar / lumbosacral IV disc, lumbago and depression. The patient also suffers from insomnia, hypertension, osteoarthritis and chronic kidney disease. Current medications included Norco, Benicar, Pravastatin, Lovaza, Elavil, Colcrys and Clonazepam. None of the progress reports documents the patient's work status. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine' have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, Benzodiazepines section, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, a prescription for Clonazepam was first noted in progress report dated 01/13/15. The patient has consistently received the medication since then. The patient has been diagnosed with insomnia, post-traumatic stress disorder and depression, as per progress report dated 06/30/15. In progress report dated 02/10/15, the treater states "Lorazepam continues to be helpful with sleeping and anxiety." It is, however, evident that the patient has been using the medication for several months. Both MTUS and ODG guidelines do not support the long-term use of benzodiazepine. This request is not medically necessary.

**Hydromorphone 4mg 1 by mouth every 4 hours #160 (prescribed 06/30/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** The 58-year-old patient complains of lower back pain and foot pain, rated at 6/10, as per progress report dated 06/30/15. The request of for Hydromorphone 4mg 1 by mouth every 4 hours #160 (prescribed 06/30/15). The RFA for the case is dated 06/30/15, and the patient's date of injury is 07/22/05. Diagnoses, as per progress report dated 06/30/15, included post-traumatic stress disorder, degenerative lumbar / lumbosacral IV disc, lumbago and depression. The patient also suffers from insomnia, hypertension, osteoarthritis and chronic kidney disease. Current medications included Norco, Benicar, Pravastatin, Lovaza, Elavil, Colcrys and Clonazepam. None of the progress reports documents the patient's work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it

takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Hydromorphone is first noted in progress report dated 01/13/15. In the most recent report dated 06/30/15, the treater states that the patient's pain level has not increased. As per the report, "Patient can perform all his ADL's and walks daily. The patient is now caretaker for his brother." UDS report, dated 06/15/15, and CURES report, dated 06/26/15, are consistent. The treater, however, does not discuss side effects associated with Hydromorphone. There is no indication of reduction in pain using a change in pain scale. MTUS requires a clear documentation regarding impact of Hydromorphone on 4A's, including analgesia, ADLs, adverse side effects, and aberrant behavior for continued opioid use. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.