

Case Number:	CM15-0195224		
Date Assigned:	10/09/2015	Date of Injury:	03/31/1997
Decision Date:	11/25/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 53-year-old who has filed a claim for chronic low back pain (LBP) and major depressive disorder (MDD) reportedly associated with an industrial injury of March 31, 1997. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for clonazepam, Norco and Dilaudid. The claims administrator referenced an RFA form received on August 31, 2015 and associated progress note dated August 26, 2015 in its determination. The applicant's attorney subsequently appealed. On a letter dated October 14, 2015, the attending provider appealed the medication denials in a somewhat templated manner, citing the labor code. On April 8, 2015, the applicant reported ongoing issues with chronic low back pain with ancillary complaints of depression. Norco, Klonopin, and Dilaudid were endorsed. The applicant had reportedly ceased work in December 2013. Prolonged sitting, standing, and walking remain problematic, it was reported. The applicant had undergone treatment via a functional restoration program, without profit, the treating provider. The applicant had previously used OxyContin, it was suggested. The attending provider apparently encouraged the applicant to volunteer, although it was not clear to what extent the applicant was or was not doing so. On August 26, 2015, the applicant reported ongoing complaints of low back pain with associated bilateral lower extremity paresthesias. The attending provider contended that the applicant was volunteering at her church. The attending provider stated that ongoing usage of Dilaudid had facilitated the performance of unspecified activities of daily living. The attending provider acknowledged the applicant still had difficulty with prolonged sitting, standing, and walking task. The applicant had reportedly ceased work in December 2013. The applicant was described as having a substance abuse history, it was reported in the Social History section of the note, although this was not elaborated or expounded upon. Norco, Klonopin, and Dilaudid were all renewed. Little seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Insomnia treatment (2015).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for clonazepam (Klonopin), a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. The attending provider suggested (but did not clearly state) on various date(s) of service including August 26, 2015 that Klonopin was being employed for depressive symptoms. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 60-tablet renewal request for Klonopin, in effect, represented treatment in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.

Norco 10/325mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioid hyperalgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was no longer working and reportedly ceased work in December 2013, the treating provider acknowledged on August 26, 2015. The treating provider stated that the applicant's medications were allowing increased activity of daily living, these increased activities of daily living were not identified, elaborated or expounded upon and were outweighed by the applicant's failure to return to work and the treating provider's commentary on the August 26, 2015 suggesting that the applicant was having difficulty performing prolonged sitting, standing, and walking tasks. Therefore, the request is not medically necessary.

Hydromorphone 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Finally, the request for hydromorphone (Dilaudid), a short-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, thus, the applicant's concurrent usage of two separate short-acting opioids, Dilaudid (hydromorphone) and Norco, thus, ran counter to the injunction set forth on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. As with the preceding request, the applicant, moreover, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on August 26, 2015. Activities as basic as sitting, standing, and walking remained problematic, the treating provider reported on that date. The applicant had not worked since December 2013, the treating provider acknowledged on August 26, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with hydromorphone (Dilaudid). Therefore, the request is not medically necessary.