

Case Number:	CM15-0196606		
Date Assigned:	10/12/2015	Date of Injury:	02/14/2001
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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, Florida, 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 injured worker is a 53 year old female, who sustained an industrial injury on 2-14-2001. The injured worker was being treated for causalgia of the right lower limb. Medical records (8-24-2015) indicate improvement of sleep. The objective findings (8-24-2015) include decreasing walker use, good motivation, and limited ability to participate in daily exercises and function activities. There was limitation in activity participation due to a flare-up. Surgeries to date have included right knee arthroscopy with partial lateral meniscectomy, chondroplasty, and synovectomy in 2001, a right total knee replacement in 2005, left knee arthroscopy in 2005, a left total knee replacement in 2008, right great toe fusion, and right foot neurectomy in 2013. There was no documentation in the provided medical records of a signed opioid pain agreement, risk assessment, or a recent urine drug screen. Treatment has included physical therapy, work modifications, at least 3 weeks of a functional restoration program, psychiatric hospitalization, psychotherapy, a walker, and medications including pain (Oxycontin since at least 6-2015), muscle relaxant, anti-anxiety (Clonazepam since at least 6-2015), antidepressant, and anti-epilepsy. On 9-11-2015, the requested treatments included Clonazepam 0.5mg #21 and Oxycontin 20mg #14. On 9-18-2015, the original utilization review non-certified requests for Clonazepam 0.5mg #21 and Oxycontin 20mg #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #21: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: This claimant was injured now 14 years ago and is reported to have a reflex sympathetic dystrophy of the right lower limb. As of August, there was sleep improvement, decreasing walker use, good motivation, but limited ability to participate in daily exercises and function activities. There was a right knee arthroscopy with partial lateral meniscectomy, chondroplasty, and synovectomy in 2001, a right total knee replacement in 2005, left knee arthroscopy in 2005, a left total knee replacement in 2008, right great toe fusion, and right foot neurectomy in 2013. There is no mention of depression, anxiety, or objective functional improvement out of the use of these medicines. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use 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. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary and appropriately non-certified following the evidence-based guideline.

Oxycontin 20mg #14: Upheld

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

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

Decision rationale: This claimant was injured now 14 years ago and has a reflex sympathetic dystrophy of the right lower limb. As of August, there was sleep improvement, decreasing walker use, good motivation, and limited ability to participate in daily exercises and function activities. There was a right knee arthroscopy with partial lateral meniscectomy, chondroplasty, and synovectomy in 2001, a right total knee replacement in 2005, left knee arthroscopy in 2005, a left total knee replacement in 2008, right great toe fusion, and right foot neurectomy in 2013. There is no mention of depression, anxiety, or objective functional improvement out of the use of these medicines. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the

below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.