

<b>Case Number:</b>	CM15-0200108		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/05/2003
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Hawaii  
 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 49 year old female with an industrial injury dated of 02-05-2003. Medical record review indicates she is being treated for post laminectomy syndrome of lumbar region, lumbar disc degeneration and degeneration of cervical intervertebral disc. Subjective complaints (09-15-2015) included neck and low back pain. Her pain is rated as 7 out of 10 and is relieved by "medication and heat and ice on lower back." Physical exam (09-15-2015) is documented as alert and oriented to time place and object. Her medications (09-15-2015) included Percocet, Prilosec, Robaxin, Wellbutrin, Clonazepam and Zoloft. Review of medical records indicates the injured worker has been taking Percocet, Klonopin and Robaxin since at least 04-30-2012. Prior treatment included medications. The record (09-15-2015) is difficult to decipher. On 09-18-2015 the request for the following medications was non-certified by utilization review: Robaxin 750 mg #90, Percocet 10/325 mg #240, Clonazepam 0.5 mg #45 with one refill

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #45 with one refill: Upheld**

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

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

**Decision rationale:** The patient presents with cervical and low back pain with radiation to the left hip, posterolateral left lower extremity reaching into the foot. The current request is for Clonazepam 0.5mg, quantity 45 with one refill. Clonazepam is a benzodiazepine. It affects chemicals in the brain that may become unbalanced and cause anxiety. The treating report dated 9/18/15 (16B) written in support of the RFA (14B) was included in the clinical history provided for review of this IMR application. MTUS states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the clinical records are not discernible. Without an accurate and current clinical history, the medical necessity of the requested treatment cannot be determined. The current request is not medically necessary.

**Percocet 10/325mg #240:** 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:** The patient presents with cervical and low back pain with radiation to the left hip, posterolateral left lower extremity reaching into the foot. The current request is for Percocet 10/325mg, quantity 240. The treating report dated 9/18/15 (16B) written in support of the RFA (14B) was included in the clinical history provided for review of this IMR application. However, the treating physician report is very difficult to read and there is no documentation of functional improvement with medication usage. For chronic opiate use, 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the clinical records are not discernible. Without an accurate and current clinical history the medical necessity of the requested treatment cannot be determined. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The 4 As for ongoing opiate usage were not found in the records provided for review. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

**Robaxin 750mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

**Decision rationale:** The patient presents with cervical and low back pain with radiation to the left hip, posterolateral left lower extremity reaching into the foot. The current request is for Robaxin 750mg, quantity 90. The treating report dated 9/18/15 (16B) written in support of the RFA (14B) was included in the clinical history provided for review of this IMR application. Regarding muscle relaxants for pain, MTUS Guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In this case, the medication is not prescribed for short-term usage and the MTUS guidelines do not support long-term usage of muscle relaxants. The current request is not medically necessary.