

Case Number:	CM15-0201514		
Date Assigned:	10/16/2015	Date of Injury:	06/19/2001
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 male with a date of injury on 06-19-2001. The injured worker is undergoing treatment for chronic low back pain, lumbar radiculopathy, osteoarthritis of spinal facet joint, and degeneration of lumbar intervertebral disc. He has a comorbid diagnosis of hypertension. A physician progress note dated 09-18-2015, 08-20-2015, 06-22-2015 documents the injured worker complains of chronic lower back pain. He rates his pain as 6 out of 10 without meds and 2-4 out of 10 with medications. He complains again of right lower back pain and right buttock pain with occasional pain to the right thigh. He is not sleeping well and has trouble sitting for longer than 10 minutes, and walking longer than 15 minutes. He states his medication regime continues to keep pain within a manageable level to allow him to complete necessary activities of daily living. Lumbar range of motion is restricted and there is tenderness across the lumbosacral area, with significant point tenderness lateral to the L5-S1 levels. Prolonged sitting, standing, walking, and driving aggravates his pain. The recommendation to wean his medications is too low and will not control his pain. He needs the Klonopin to help with his anxiety. Treatment to date has included diagnostic studies, medications, status post L5-S1 disc replacement in 2003, and use of ice, heat, rest and gently stretching exercises. Current medications include Metoprolol, Lisinopril, Oxycodone (04-27-2015) and Klonopin (04-27-2015). An unofficial Magnetic Resonance Imaging report of the lumbar spine done on 07-26-2013 revealed disc bulge at L4-5 and at L5-S1 there is lumbar facet osteoarthritis. L5-S1 disc prosthesis is in good alignment. On 09-29-2015 Utilization Review non-certified the request for Klonopin 1mg #30 and Oxycodone 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Mental Illness & Stress Procedure Summary Online Version last updated 08/31/2015.

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

Decision rationale: CA MTUS Guidelines state 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 total. In this case, the patient has been on long-term Klonopin for anxiety. There is no Beck Anxiety Inventory score or objective functional benefit documented with regard to the use of Klonopin. A previous UR denied continued Klonopin, however approved a prescription for the purposes of weaning. A sufficient amount of time has elapsed to accomplish the weaning process. Therefore the request is not medically necessary or appropriate.

Oxycodone 10mg #90: 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 for chronic pain.

Decision rationale: CA MTUS recommends the use of opioids for treatment of moderate to severe neuropathic pain. Ongoing use of opioids should demonstrate reduction in pain and improved function and return to work. In this case there is no evidence of objective functional benefit to support the request for ongoing opioids. There is also no documentation of urine drug screening, risk assessment, pain contract attempts at dose reduction or weaning found in the records submitted for review. Therefore the request is not medically necessary or appropriate.