

Case Number:	CM15-0204760		
Date Assigned:	10/21/2015	Date of Injury:	10/15/2007
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on 10-15-2007. He reported multiple fractures to both sides of the face, wrists, thoracic spine injury and paraplegia from a fall off a roof. Diagnoses include paraplegia, neurogenic bladder and bowel, diabetes mellitus; and status post multiple surgeries to the face, upper and lower extremities, thoracic spine, and dental surgery with bone grafting. Treatments to date include extensive inpatient rehabilitation and outpatient rehabilitation services, power wheelchair, home care, and medication therapy. Medications prescribed for over one year included Lyrica, Clonazepam, Flomax, Protonix, Cialis, Lexapro, Baclofen, Neurontin, Gabapentin, Ammonium Lactate 12% topical lotion, and Vitamin D. On 9-23-15, he complained of ongoing pain in the face and left eye with intermittent blurring, ongoing pain in the back with muscle spasms in the lower extremities, and pain in bilateral upper extremities with weakness. He uses a power wheelchair and is able to ambulate approximately 150-200 feet in the apartment. The HgbA1C was 5.7% on 9-16-15. The physical examination documented tenderness of bilateral sacroiliac joints and coccyx. There were no new areas of skin breakdown present. The plan of care included ongoing medication therapy. The appeal requested authorization for Klonopin 1mg, one tablet every night #90 with three refills and Ammonium Lactate 12% #3 tubes with three refills. The Utilization Review dated 10-2-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Klonopin 1 mg #90 with 3 refills prescribed on 9/21/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Klonopin 1 mg #90, 3 refills, prescription date September 21, 2015 is not medically necessary. Benzodiazepines are 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 four weeks. In this case, the injured worker's working diagnoses are paraplegia; neurogenic bladder NOS; neurogenic bowel; diabetes mellitus; and esophageal reflux. Date of injury is October 15, 2007. Request for authorization is September 21, 2015. According to a December 17, 2014 progress note, the treating provider prescribed Klonopin and ammonium lactate at that time. According to a September 21, 2015 progress note, the injured worker presented for evaluation of blood pressure, diabetes, back pain and leg pain. Current medications included ongoing Klonopin and ammonium lactate. Klonopin is 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. The treating provider prescribed Klonopin in excess of nine months. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts to support the ongoing use of Klonopin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and guideline non-recommendations for long-term use, retrospective Klonopin 1 mg #90, 3 refills, prescription date September 21, 2015 is not medically necessary.

Retro Ammonium Lactate 12% #3 tubes with 3 refills prescribed on 9/21/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?id=6257>.

Decision rationale: Pursuant to the peer-reviewed evidence-based guidelines, retrospective ammonium lactate 12%, #3 tubes are with three refills, prescription date September 21, 2015 is not medically necessary. Lac-Hydrin Cream is indicated for the treatment of dry, scaly skin (xerosis) and ichthyosis vulgaris and for temporary relief of itching associated with these conditions. In this case, the injured worker's working diagnoses are paraplegia; neurogenic

bladder NOS; neurogenic bowel; diabetes mellitus; and esophageal reflux. Date of injury is October 15, 2007. Request for authorization is September 21, 2015. According to a December 17, 2014 progress note, the treating provider prescribed Klonopin and ammonium lactate at that time. According to a September 21, 2015 progress note, the injured worker presented for evaluation of blood pressure, diabetes, back pain and leg pain. Current medications included ongoing Klonopin and ammonium lactate. There are no clinical findings in the medical record to support the ongoing use of ammonium lactate. The physical examination of the skin was unremarkable. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical documentation to support the ongoing use of ammonium lactate, retrospective ammonium lactate 12%, #3 tubes are with three refills, prescription date September 21, 2015 is not medically necessary.