

<b>Case Number:</b>	CM15-0022466		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/25/2001
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Arizona, California  
 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 57 year old female, who sustained an industrial injury on January 25, 2001. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having status post lumbar fusion L4-L5, lumbar discogenic disease, status post lumbar hardware removal, and chronic low back pain. Treatment to date has included lumbar epidural steroid injection (ESI), TENS, a spine corset, home exercise program (HEP), and medication. Currently, the injured worker complains of chronic low back pain. The Primary Treating Physician's report dated November 5, 2014, noted the injured worker had had a lumbar epidural steroid injection (ESI) which helped with the pain, with the medications also continuing to help with the pain. The injured worker noted her pain at 10/10 without medication and 0/10 with medications. Examination of the lumbar spine revealed a healed surgical incision, spasm, and limited, painful range of motion (ROM). Straight leg raise was noted to be positive bilaterally, as well as a bilateral positive Lasegue. Moderate lumbar spasm was noted with decreased sensation bilaterally at L4-L5 and L5-S1 levels, with positive trigger point on the left. The treatment plan included refilling her Norco, Prilosec, and Klonopin, with the addition of Zanaflex for muscle spasms and Anaprox DS for inflammation. The injured worker was to continue to use her TENS unit, with a request for a new unit as she reported hers broken, and was to continue using the lumbar spine corset with request for a back cushion. The injured worker was to continue with her home exercise program (HEP), and was to return to the clinic in eight weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Klonopin for several months without specific indication for its use or therapeutic response. The continued use of Klonopin is not medically necessary.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. The claimant did have pain relief while using it in conjunction with Flexeril in November 2014. There was no mention of Tylenol failure. Notes after 11/2014 were not provided to justify current use and continuation of Norco as a result, the request above is not medically necessary.