

Case Number:	CM15-0022923		
Date Assigned:	02/12/2015	Date of Injury:	07/11/2003
Decision Date:	04/07/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	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: California, Arizona

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 50-year-old female who reported an injury on 07/11/2003. The mechanism of injury was not provided. The documentation indicated the injured worker was utilizing opiates and clonazepam since at least 2013. The injured worker underwent an MRI of the lumbar spine. The injured worker underwent urine drug screens. The documentation of 12/18/2014 revealed the injured worker had left lower extremity radiculopathy. Medications were noted to include Norco 10/325 mg 1 by mouth every 5 hours 4 to 8 per day, and clonazepam 1 mg one half to 1 twice a day for cramps in legs. The VAS score was 9/10 prior to use of clonazepam and went down to 2/3. The injured worker's VAS score without medications was 10, and with medications was a 4/10 to 5/10. The documentation indicated with clonazepam the injured worker had functional benefits including sleeping more than 3 hours, less cramping during the day, and without it, it was noted the injured worker's back spasmed. The injured worker had functional improvement. The documentation indicated the unique combination of medications, exercise, and injections had allowed the injured worker to return to gainful employment. The injured worker was noted to have lumbar epidural steroid injections. The injured worker indicated her left sided symptoms had gotten worse. Without medications, the injured worker could not walk 10 minutes and with medications the injured worker could walk 30 to 45 minutes. Without medications the injured worker could not work, to include sitting and standing, and with medications the injured worker could stand 10 minutes or sit 10 to 30 minutes. The physical examination revealed moderate pain in the lateral to midline over the bilateral facets at L5-S1. The injured worker had flexion causing a pulling sensation. The

injured worker had more pain with flexion and lateral flexion and rotation, then extension increased pain. The injured worker was noted to undergo multiple MRIs of the lumbar spine. The injured worker underwent a urine toxicology screen. The assessment included stenosis lumbar, spondylolisthesis, facet arthropathy, radicular flare-up plus positive straight leg raise and positive sensory loss historically improved after epidural steroid injection. The injured worker was CURES appropriate. The diagnoses included radiculopathy leg, spinal stenosis of lumbar region without neurogenic claudication, acquired spondylolisthesis, facet arthropathy with referred pain and unspecified internal derangement of knee. The treatment plan and discussion included the injured worker was able to manage with medications, physical therapy, and pool work. The injured worker's Butrans had not been approved and the injured worker had less Norco. As such, Norco was to be resumed at 2 four times a day until Butrans or epidural steroid injection was approved. Additionally, Flexeril was prescribed for acute flare-ups and Klonopin for acute spasms in the left lower extremity at night. The injured worker was noted to have decreased frequency so that she could sleep 5 to 6 hours per night as opposed to 0 to 1 spasms because spasms kept her awake.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Clonazepam 1mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The clinical documentation submitted for review indicated the injured worker had objective functional benefit with the medication. However, the documentation further indicated the injured worker had the addition of Flexeril for muscle spasms. The documentation indicated the injured worker was utilizing the benzodiazepine for muscle spasms. There was a lack of documentation of a necessity for 2 medications for spasms. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of clonazepam 1 mg #30 with 2 refills is not medically necessary.

(1) Prescription of Norco 10/325mg #240 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The injured worker had objective functional benefit and an objective decrease in pain. However, per the Drug Enforcement Administration, the medication Norco was switched from schedule III to schedule II on 10/06/2014 and as such, refills would not be allowed. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Norco 10/325 mg #240 with 1 refill is not medically necessary.

(1) Prescription of Mobic 7.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (meloxicm), NASIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The injured worker had objective functional benefit and an objective decrease in pain with the requested medication. However, there was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for (1) Prescription of Mobic 7.5mg #60 with 2 refills is not medically necessary.