

Case Number:	CM15-0023942		
Date Assigned:	02/13/2015	Date of Injury:	04/12/2007
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 12, 2007. In a utilization review report dated January 27, 2015, the claims administrator failed to approve a request for methadone and Klonopin. The claims administrator referenced a progress note of January 8, 2015 and an RFA form of January 22, 2015 in its determination. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant reported persistent complaints of low back and bilateral hip pain. Radiation of pain to bilateral lower extremities was evident. The applicant reported that negotiating steps, running, jumping, lifting, pushing, pulling, sitting, standing, and walking all remained problematic. An average pain score of 7/10 was appreciated. The applicant's medication list included Zestril, Mevacor, aspirin, vitamins, Desyrel, methimazole, Klonopin, and Neurontin. Multiple medications were renewed. The applicant was using both methadone and OxyContin Immediate Release for pain relief. Permanent work restrictions were also renewed. The attending provider contented that the applicant is benefiting from ongoing medication consumption but did not elaborate further. The applicant was status post earlier failed spine surgery, it was stated on several occasions. On December 11, 2014, the applicant again reported persistent complaints of low back pain radiating to the bilateral lower extremities, 4/10 with medications versus 9/10 without medications. The attending provider contented that the applicant would be bedridden without his medications. The applicant did exhibit issues with anxiety and depression, it was

acknowledged. Multiple medications were renewed. The applicant's permanent work restrictions were also renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10MG #270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: 1. No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work, despite ongoing methadone usage. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. While the attending provider did outline some reductions in pain scores reportedly effected as a result of ongoing methadone usage, these are/were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of the same. The applicant's commentary to the effect that he would be bedridden without his medications does not, in and of itself, constitute evidence of a meaningful or material benefit derived as a result of the same. Therefore, the request was not medically necessary.

Klonopin 0.5 MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: 2. Similarly, the request for Klonopin, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin can be employed for "brief periods" in cases of overwhelming symptoms, in this case, however, it appears that the applicant has been using Klonopin for what appears to be a minimum of several months to several years, to ameliorate issues with anxiety and depression. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.

