

Case Number:	CM15-0043910		
Date Assigned:	03/13/2015	Date of Injury:	01/09/2011
Decision Date:	04/23/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

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: California

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 58-year-old female who sustained an industrial injury on 01/09/2011. Current diagnosis includes cervicgia. Previous treatments included medication management, restricted activities, and psychological evaluation. Current diagnostic studies included urine drug screenings. Report dated 01/27/2015 noted that the injured worker presented with complaints that included limited range of motion in the upper extremities and tires quickly. Medication regimen includes Clonazepam and Tramadol. Current level of pain was not included. Physical examination was positive for abnormal findings. The treatment plans included continue on current medications and proceed with follow up evaluation. Request for Clonazepam and Tramadol was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #30: 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 based on Non-MTUS Citation Official disability guidelines chapter 'Pain (chronic)' and topic 'Benzodiazepine'.

Decision rationale: The patient presents with pain in the bilateral shoulders rated at 5-7/10 without and 2/10 with medication. The request is for CLONAZEPAM 1MG #30. The request for authorization is not provided. Patient's medications include Tramadol, Ibuprofen, Clonazepam, Ambien, Omeprazole, Levothyroxine, Atorvastatin and Famotidine. She will continue on her present medications. The patient is on modified work status. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: 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 4 weeks. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."Treater does not specifically discuss this medication. The patient is prescribed Clonazepam from 12/30/14 to the UR date of 03/04/15, over 8 weeks. However, ODG guidelines limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. Furthermore, the request for additional Clonazepam #30 would exceed ODG guidelines, and does not indicate intended short term use. Therefore, the request IS NOT medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the bilateral shoulders rated at 5-7/10 without and 2/10 with medication. The request is for TRAMADOL 50MG #60. The request for authorization is not provided. Patient's medications include Tramadol, Ibuprofen, Clonazepam, Ambien, Omeprazole, Levothyroxine, Atorvastatin and Famotidine. She will continue on her present medications. The patient is on modified work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater does not specifically discuss this medication. The patient is prescribed Tramadol since at least 09/08/14. MTUS requires appropriate discussion of the 4A's, and analgesia is discussed per progress report dated, 12/30/14, treater states, "Her daily pain is a 5-6/10, but gets as bad as a 6-7/10. With medication and no activity, it can get as low as a 2/10," showing significant pain reduction with use of Tramadol. However, in addressing the other 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement.

Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.