

Case Number:	CM15-0050520		
Date Assigned:	03/24/2015	Date of Injury:	07/19/2006
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female sustained an industrial injury on 7/19/06. She subsequently reported low back pain with radiation to the right lower extremity. Diagnoses include degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, lumbosacral radiculitis and osteoarthritis of spinal facet joint. Diagnostic testing has included x-rays. Treatments to date have included chiropractic care, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the right lower extremity. A request for Klonopin and Norco medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p 24 Mental Illness & Stress, Insomnia treatment Page(s): 24.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back pain with bilateral lower extremity radiating symptoms. The treating provider documents a decrease in pain from 8-9/10 to 5-6/10 with medications. Klonopin is being prescribed for insomnia. Klonopin (clonazepam) is a benzodiazepine which is not recommended for long-term use. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety and, in this case, may be the reason the claimant is having difficulty sleeping. In terms of the claimant's insomnia, treatment should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore the Klonopin is not medically necessary.

Norco 10/325 mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back pain with bilateral lower extremity radiating symptoms. The treating provider documents a decrease in pain from 8-9/10 to 5-6/10 with medications. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management with reported decrease in pain. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.