

Case Number:	CM14-0147023		
Date Assigned:	09/12/2014	Date of Injury:	05/26/2002
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female who presents with a work injury dated 5/26/02. The diagnoses are degenerative disc disease, lumbar, and lumbar post-laminectomy syndrome. Under consideration are requests for Klonopin and for follow ups with a spine surgeon. There is an 8/8/14 progress note that states that the patient had a work injury and subsequently underwent four back surgeries. The first surgery was a lumbar laminectomy. The second surgery involved a lumbar fusion. Thereafter, she incurred a staph infection requiring an incision and drainage procedure. She subsequently underwent a second lumbar fusion. Following the last of her back surgeries, she continued to complain of low back pain and right lower extremity pain. The low back pain is located in the midline of the lower lumbar spine. The right lower extremity pain radiates down the posterior aspect of the right lower extremity to her foot. She also has pain in the left buttock. Her pain is now constant in duration. She describes the character of the pain as throbbing, aching, burning, sharp, and dull. She has numbness in her right buttock and in the right lower extremity. Her pain is worse with standing and sitting. It is somewhat relieved with medications. She is unable to perform those job duties at the present time. Since the time of her last visit, her pain level has been worse. The patient was told she needed corrective hip surgery. That surgery was performed on August 10, 2012. The patient underwent lumbar spine surgery on 5/13/13. She was in the hospital for five days thereafter and then was discharged home. While initially her pain level improved, it has now worsened substantially. The patient was seen and examined by an orthopedic spine surgeon. He recently performed lumbar spine surgery. With that surgery, she is markedly improved, and her pain level has declined. He has recommended a second surgery. Apparently, she has a fractured vertebral body which has not yet healed. She will continue to follow up with him. On exam, when the patient stands upright,

her lumbar spine is flexed forward approximately 25-30 degrees. She is unable to maintain an upright posture. On physical examination, there is marked tenderness in the midline of the lower lumbar spine. Motor function in both lower extremities is normal. She has a pronounced sensory deficit in the right lower extremity. The treatment plan includes follow-ups with an orthopedic spine specialist as well as Methadone, Klonopin, and Oxycodone.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Benzodiazepines

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

Decision rationale: Klonopin 1 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation indicates that the patient has been taking Klonopin dating back to at least April of 2014 for anxiety. The continued use of Klonopin is inappropriate. The request for Klonopin 1 mg #60 is not medically necessary.

Follow-ups with a spine surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Follow-ups with a spine surgeon are not medically necessary, as per the MTUS guidelines. The guidelines state that, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative, evidence-based treatment approach that limits excessive physical medicine usage and referral. Although the request for a follow-up with a spine surgeon is appropriate for this patient who has a complicated spinal surgery history, the request as written does not have a quantity, and therefore the appropriateness of the request cannot be identified. The request (as written) for follow-ups with a spine surgeon is not medically necessary.