

Case Number:	CM14-0153228		
Date Assigned:	09/23/2014	Date of Injury:	10/10/2010
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain Medicine and is licensed to practice in California. 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 injured worker is a 46 year old male, who reported injury on 10/10/2010. The mechanism of injury was not included. The diagnoses included cervical spondylosis, cervical radiculopathy, cervical disc degeneration, and bilateral shoulder impingement syndrome. The past treatments included epidural steroid injections, bilateral carpal tunnel surgeries, and facet injections. The progress note, dated 08/26/2014, noted no subjective complaints. The physical exam noted mild to moderate tenderness over the acromioclavicular joints on the right greater than left shoulder, left shoulder flexion to 180 degrees with moderate pain, abduction to 180 degrees with moderate pain, no motor sensory deficits to the bilateral upper extremities, tenderness to the bilateral cervicothoracic spine, spasm to the right paracervical musculature, and cervical range of motion normal with flexion and extension and restricted and painful with lateral bending. The medications included Klonopin 0.5 mg 1 tablet at bedtime and tramadol. The treatment plan requested an MRI of the bilateral shoulder, refill of Klonopin, refill of tramadol 50 mg twice daily as needed for moderate to severe pain, and authorization for an epidural steroid injection at the right C6-7 level. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The request for Klonopin 0.5 mg, thirty count is not medically necessary. The injured worker had no documented complaint of pain. There was no documentation of anxiety or difficulty sleeping. The California MTUS Guidelines state benzodiazepines are not recommended for long term use because of long term efficacy being unproven and the risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months, and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. It is unclear how long the injured worker has been prescribed Klonopin. The continued use of Klonopin likely exceeds the guideline recommendations for short term therapy. There is no documentation of the efficacy of the medication to support continued use. The use of Klonopin is not supported by the evidence based guidelines. Additionally, the frequency intended for use is not provided to determine medical necessity. Given the previous, the continued use of Klonopin is not indicated or supported at this time. Therefore, the request is not medically necessary.

Tramadol 50 mg, sixty count: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Tramadol 50 mg, sixty count is not medically necessary. The injured worker had no documented complaint of pain. The California MTUS Guidelines recommend opioids, including tramadol, as second line treatment of moderate to moderately severe pain, and for long term management of chronic pain only when pain and functional improvements are documented. Pain should be assessed at each visit, and functioning should be measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed. There is a lack of documentation of pain. There is no documentation of assessment of side effects or aberrant drug taking behaviors. It is unclear how long the injured worker had been using tramadol. There is no documentation of the efficacy of the medication. There is no documentation of failure of first line medications. Additionally, the frequency intended for use is not included to determine medical necessity. Given the previous, the continued use of tramadol is not supported at this time. Therefore, the request is not medically necessary.

