

Case Number:	CM14-0210445		
Date Assigned:	12/23/2014	Date of Injury:	05/13/2002
Decision Date:	02/27/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Internal 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 patient is an injured worker with a history of chronic neck, back, shoulder, hand, left knee, ankle, and foot pain, lumbar degenerative disk disease, cervical degenerative disk disease, left shoulder partial supraspinatus tear, carpal tunnel syndrome, diabetes, and diabetic peripheral neuropathy. The patient has a history of chronic neck and back pain with depression. Date of injury was May 31, 2002. The orthopedic surgery report dated March 26, 2007 noted the patient had an occupational history that involved climbing up and down the truck with hoses weighing seventy pounds, performing grabbing, bracing loads, shifting and twisting. He had two incidents, one of which occurred in May 2002 and a cumulative trauma. He indicated he just had some pain in his body, arms and legs for some period of time and assumed it was work related. He had not had any treatment. The other was the incident when he twisted his left leg causing symptoms. The patient was a diabetic and was taking diabetic medications. The patient had diabetes with diabetic peripheral neuropathy. He had a history of an injury in May 2002, which resulted in a minor left toe injury, with a diabetic complication, requiring treatment for cellulitis. He patient had diabetic peripheral neuropathy. Diagnosis were diabetic peripheral neuropathy. History of injury on May 13, 2002, resulting in great toe injury, diabetic complication, requiring treatment for cellulitis was noted. The progress report dated August 7, 2014 document that the patient had a injury that occurred on May 13, 2002, when slipped and twisted his left leg and ankle. On his last visit, the patient reported that he had stopped his Clonazepam. The patient was not in benzodiazepine withdrawal. The patient reported that he obtains opioid medication illicitly. Physical examination was documented. He is cooperative. He does not look intoxicated. There is

no evidence of intoxication or withdrawal. He is oriented to person, place, time, and situation. Speech is of normal rate, tone, and volume. Cognition and memory are grossly intact. Mood is dysthymic. There is no evidence of psychomotor agitation or retardation. Diagnoses were chronic neck, back, shoulder, hand, left knee, ankle, and foot pain, lumbar degenerative disk disease, cervical degenerative disk disease, left shoulder partial supraspinatus tear, carpal tunnel syndrome, depression, hypertension, diabetes, and hypercholesterolemia. Treatment plan included Clonazepam, Orphenadrine, and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines Clonazepam (Klonopin).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states 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. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are not recommended for long-term use 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. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. Medical records document the long-term use of Clonazepam. Per MTUS, long-term use of Clonazepam is not recommended. The progress report dated August 7, 2014 documented the patient had stopped his Clonazepam, and was not in benzodiazepine withdrawal. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. MTUS and ODG guidelines do not support the use of Clonazepam. Therefore, the request for Clonazepam 1 mg #60 is not medically necessary.

Lyrica 200mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS); Pregabalin (Lyrica) Page(s): 16-20,19-20.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lyrica (Pregabalin) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat

fibromyalgia. Lyrica is an anti-epilepsy drug (AED). Antiepilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). The medical records document a history of diabetic neuropathy and carpal tunnel syndrome. Lyrica has the FDA indication for diabetic peripheral neuropathy. Therefore, the use of Lyrica in the patient with diabetic peripheral neuropathy is supported by FDA and MTUS guidelines. Therefore, the request for Lyrica 200mg #90 is medically necessary.