

<b>Case Number:</b>	CM14-0212326		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment for lumbar spine and thoracic spine which were non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quazepam 15mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Clonazepam, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine anxiolytics such as Clonazepam are not recommended for long-term use purposes, whether employed for sedative effect, anxiolytic effect, hypnotic effect, or muscle relaxant effect. Here, the applicant has been using Clonazepam for a minimum of several months. The attending provider, has not, it is incidentally noted, clearly stated for what purpose Clonazepam is being employed here, which runs counter to the philosophy espoused in the MTUS Guideline in ACOEM Chapter 3, page 47, which states that it is incumbent upon a prescribing provider to discuss the efficacy of the medication for the particular condition for it is being prescribed. Here, there was no mention or statement from the attending provider as to why Clonazepam was being employed on a long-term use basis. Therefore, the request was not medically necessary.

**Norco 7.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not clearly stated on progress notes of November 13, 2014, and December 4, 2014, referenced above, suggesting that the applicant was not working. The applicant continues to report pain complaints as high as 7 to 8/10. The applicant continues to report difficult interacting with others, difficulty concentrating, difficulty working, difficulty driving, difficulty with prolonged sitting activities, etc. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.