

Case Number:	CM14-0218872		
Date Assigned:	01/08/2015	Date of Injury:	06/24/2006
Decision Date:	03/05/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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, Illinois

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:

The injured worker is a 55 year old male female, who sustained an industrial injury on 06/24/2006 during which she fell onto her right knee and twisted her lower back. She has reported subsequent lower back, upper back and right knee pain. The diagnoses have included lumbar degenerative disc disease, facet arthropathy, sacroilitis and thoracic/lumbosacral radiculopathy, depressive disorder and insomnia. Treatment has included oral and topical pain medication, SI joint injections and application of ice. The Injured worker also noted to undergo psychotherapy for depression and was taking Klonopin to help with anxiety reduction. Currently the Injured worker complains of continued and worsening pain in the lower back, gluteal area, right flank, legs and thighs. The pain was rated as 9/10 without medications and 6/10 with medications. Butrans, Ambien, Norco and Klonopin were chronic medications since 2013. With medications the injured worker was noted to struggle but to be able to fulfill daily home responsibilities. With medications the Injured worker was noted to be able to get out of bed but not to get dressed. The Injured worker was also noted to have continuing anxiety, agitation and feelings of hopelessness. On 12/30/2014, Utilization Review non-certified requests for Norco, Klonopin and Ambien and modified the request for Butran from 20 mcg #4 to Butran 20 mcg #2, noting that the injured worker reported worsening pain despite the use of Norco, Klonopin was not recommended for long term use because long term efficacy was unproven and that Ambien is generally approved for only short term use. MTUS Chronic Pain and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 06/24/2006. The medical records provided indicate the diagnosis of lumbar degenerative disc disease, facet arthropathy, sacroilitis and thoracic/lumbosacral radiculopathy, depressive disorder and insomnia. Treatment has included SI joint injections, application of ice, psychotherapy for depression, Klonopin to help with anxiety reduction, Butrans, Ambien, Norco and Klonopin. The medical records provided for review do not indicate a medical necessity for Prescription of Norco 10/325mg, #120. The MTUS does not recommend the continued use of opioids for treatment of chronic pain beyond 70 days due to paucity of controlled trial demonstrating benefit with long term use. The records indicate the pain is worsening and the injured worker has limitation with activities of daily living despite the use of opioids for more than one year. The guidelines recommends discontinuing opioid use if there is no overall improvement in function, unless there are extenuating circumstances; or if there is decrease in functioning. Therefore, the requested treatment is not medically necessary and appropriate.

Prescription of Klonopin 0.5mg, #20: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 06/24/2006. The medical records provided indicate the diagnosis of lumbar degenerative disc disease, facet arthropathy, sacroilitis and thoracic/lumbosacral radiculopathy, depressive disorder and insomnia. Treatment has included SI joint injections, application of ice, psychotherapy for depression, Klonopin to help with anxiety reduction, Butrans, Ambien, Norco and Klonopin. The medical records provided for review do not indicate a medical necessity for prescription of Klonopin 0.5mg, #20. The MTUS does not recommend the use of the benzodiazepines beyond 4 weeks. Long-term use is not recommended because long-term efficacy is unproven and associated with the risk of dependence. Most guidelines limit use to 4 weeks. Therefore, the requested treatment is not medically necessary and appropriate.

Prescription of Butrans 20mcg, #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids Page(s): 26-27. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 06/24/2006. The medical records provided indicate the diagnosis of lumbar degenerative disc disease, facet arthropathy, sacroilitis and thoracic/lumbosacral radiculopathy, depressive disorder and insomnia. Treatment has included SI joint injections, application of ice, psychotherapy for depression, Klonopin to help with anxiety reduction, Butrans, Ambien, Norco and Klonopin. The medical records provided for review do not indicate a medical necessity for: Prescription of Butrans 20mcg, #4. According to the Official Disability Guidelines, Butrans is a transdermal formulation of Buprenorphine. It is FDA-approved for moderate to severe chronic pain, and it is available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. Like other formulations of Buprenorphine, it is recommended treatment of opiate addiction, and an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Though not specifically identified as Butrans in the MTUS, this guidelines states that transdermal Buprenorphine is available in Europe. This medication is not medically necessary and appropriate because the injured worker has not improved in pain and functioning despite the chronic use of opioids.

Prescription of Ambien DR 12.5mg, #30: 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)- Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 06/24/2006. The medical records provided indicate the diagnosis of lumbar degenerative disc disease, facet arthropathy, sacroilitis and thoracic/lumbosacral radiculopathy, depressive disorder and insomnia. Treatment has included SI joint injections, application of ice, psychotherapy for depression, Klonopin to help with anxiety reduction, Butrans, Ambien, Norco and Klonopin. The medical records provided for review do not indicate a medical necessity for Ambien DR 12.5mg, #30. Ambien (Zolpidem) is a non-benzodiazepine medication taken once daily at bedtime for sleep. The Official Disability Guidelines recommends not more than 7-10 days use for sleep, and also encourages sleep hygiene.