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| Case Number: | CM14-0219024 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 10/10/2002 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 59 year old female with a date of injury as 10/10/2002. The cause of the injury was not included in the documentation received. The current diagnoses include lumbosacral spondylosis without myelopathy, sacroiliitis, muscle spasm, displacement of thoracic intervertebral disc without myelopathy, chronic pain syndrome, and bursitis of the hip. Previous treatments include multiple medications, physical therapy, home exercise program, and pain injections. Progress reports dated 06/13/2014 through 12/12/2014 were included in the documentation submitted for review. Report dated 12/12/2014 noted that the injured worker presented with complaints that included low back pain that has been ongoing for 12 years, pain level is rated as 2-3 out of 10. The pain is described as aching, dull, and burning. Physical examination revealed an antalgic gait, lumbar spine tenderness, straight leg raise elicits back pain only bilaterally, and pain with range of motion in the lumbar spine. Current medication regimen includes gabapentin, Flexeril, Celebrax, clonazepam, MS Contin, and Norco. Documentation submitted did not include any urine drug screenings. The reviewed documentation supports that the injured worker has been prescribed clonazepam and MS Contin since at least 06/13/2014 with no changes in dosage or frequency. The utilization review performed on 12/01/2014 non-certified a prescription for clonazepam and MS Contin based on lack of supporting clinical evidence. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 16mg #60 DOS 8/15/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request for MS Contin 16mg #60 DOS 8/15/15 is not medically necessary.

Clonazepam 1mg #30 DOS 8/15/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain, Anxiety medications in chronic pain

Decision rationale: Klonopin is the brand name version of clonazepam. MTUS and ODG states that benzodiazepine (ie clonazepam) is "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states that clonazepam is not recommended".The guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. The submitted medical records indicate that the employee has been using Klonopin for greater than four weeks, exceeding the recommended treatment timeframe. Additionally, there is a lack of any significant documented efficacy with this medication. The treating physician does not outline any special

circumstances or extenuating reasons to continue this medication in excess of guidelines. As such, the request for Clonazepam 1mg #30 DOS 8/15/14 is not medically necessary.