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| Case Number: | CM15-0015264 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 06/27/1998 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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: Emergency 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 51 year old female injured worker suffered and industrial injury on 6/27/1998. Mechanism of injury was not provided. The diagnoses were chronic pain syndrome and lumbar post laminectomy syndrome. Medical reports were reviewed. Progress notes were provided until 1/16/15 but since request is from 12/19/14, most recent notes were not reviewed since decision for independent medical review is based on available information at the time of request and not on prospective information as per MTUS guidelines. Progress note from 12/91/14 was reviewed. The treating provider reported low back pain with numbness radiating down legs, joint pain and muscle stiffness. Pain is 6/10. Objective exam reveals restricted range of motion including tenderness to palpation. Tearful. Notes mentions that medications improve pain from 9/10 to 6/10 allowing patient to work and perform duties. Documentation states that plan was for trial of Butrans and to wean patient off Norco. Medication listed are pamelor, clonazepam, relafen, neurontin and norco. The diagnostics were lumbar magnetic resonance imaging, computerized tomography and x-rays. The Utilization Review Determination on 1/8/2015 non-certified: 1. Clonazepam 1mg #15, citing MTUS Chronic Pain Treatment Guidelines, benzodiazepines 2. Butrans patch 5mcg #4 citing, MTUS Chronic Pain Treatment Guidelines, opioids 3. Norco 10/325mg #30, citing MTUS Chronic Pain Treatment Guidelines, opioids

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg, quantity 15: 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 rationale: Clonazepam or Klonopin is a Benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Clonazepam is being used for pain or sleep. Chronic use of Benzodiazepines such as Clonazepam is not medically necessary.

Butrans patch 5mcg, quantity 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. The patient is already on Norco and has been stable on it managing to function and improve baseline 9/10 pain. The plan was to wean the patient off of Norco and switch to Butrans for long term management of pain. The plan for weaning off 5tabs of Norco a day to the Butrans patch is medically appropriate with close weekly follow-up to be documented.

Norco 10/32mg quantity 35: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per the MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The provider has appropriately document the necessary components for recommendations. The patient has documented improvement in severe pain to manageable level with objective documentation of improve function. The patient has appropriate monitoring of side effects and risk for abuse. The plan for long term use is for weaning off from 5 tabs a day of Norco to Butrans. This prescription is for weaning. This prescription of Norco for weaning is medically necessary.

