

Case Number:	CM15-0116595		
Date Assigned:	06/24/2015	Date of Injury:	01/17/2007
Decision Date:	07/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 injured worker is a 64 year old male, who sustained an industrial injury on 1/17/07. He reported initial complaints of back, neck and arm. The injured worker was diagnosed as having psychogenic pain NEC; lumbago; depression; depressive psychosis; post-surgical states; cervical spondylosis; bursitis; lumbosacral spondylosis; cervical disc degeneration; lumbar/lumbosacral disc degeneration; cervicgia; cervicocranial syndrome; lumbosacral neuritis; myalgia and myositis; spasms of muscle; cervical syndrome; arthropathy; disc disease neck; sprain of neck; headache; carpal tunnel syndrome; derangement medial meniscus; organic affective syndrome. Treatment to date has included status post left knee arthroscopy with debridement; cervical facet blocks bilateral C5-6, C6-7; urine drug screening; medications. Diagnostics included MRI cervical spine (2/11/13). Currently, the PR-2 notes dated 3/3/15 indicated the injured worker complains of breakthrough symptoms of dysphoria, anhedonia, chronic pain affecting his back, neck, knees and left hand. Currently, the provider reports the injured worker walks with a cane and at times must use a walker and walks with a limp. He is unable to work in his formal capacity due to his work-related injury. The provider documents the injured worker is currently going through opiate withdrawal due to not being able to receive Nucynta which he is currently dependent on. The provider has requested authorization of Clonazepam 0.5mg, #90; Clonidine 0.2mg, #30; Metoprolol ER 100mg #30 and Pramipexole 0.25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pramipexole 0.25mg, quantity: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com.

Decision rationale: MTUS and ODG guidelines are silent on the use of pramipexole. Pramipexole is FDA approved to treat Parkinson disease and restless legs syndrome. According to the documentation the IW was prescribed pramipexole for psychiatric stability. This request is not medically necessary.

Clonazepam 0.5mg, quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: 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. This request is not medically necessary.

Metoprolol ER 100mg quantity: 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), Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com.

Decision rationale: MTUS and ODG guidelines are silent on the use of Metoprolol ER. Metoprolol ER is FDA approved to treat angina, atrial fibrillation/flutter, heart failure, hypertension, hypertension/ventricular rate control, and myocardial infarction. According to the documentation the IW was prescribed metoprolol ER for psychiatric stability. This request is not medically necessary.

Clonidine 0.2mg, quantity: 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), Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com.

Decision rationale: MTUS and ODG guidelines are silent on the use of clonidine. Clonidine is FDA approved for the treatment of hypertension, acute hypertension, nicotine withdrawal symptoms and pain management as an epidural infusion. According to the documentation the IW was prescribed clonidine for psychiatric stability. This request is not medically necessary.