

Case Number:	CM15-0121649		
Date Assigned:	07/23/2015	Date of Injury:	08/30/1999
Decision Date:	09/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57-year-old male, with a reported date of injury of 08/30/1999. The mechanism of injury was a fall about four feet through the floor of a barn. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include bilateral sacroiliac joint arthrodesis, neuropathic pain in lower extremities, status post spinal cord stimulator replacement, facet syndrome at L4-5 and L5-S1, lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, lumbar postlaminectomy syndrome, and weight loss. Treatments and evaluation to date have included oral medications, bilateral sacroiliac joint arthrodesis in 03/2012, spinal cord stimulator placement, lumbar intralaminar epidural on 10/08/2013, and removal of spinal cord stimulator in 01/2015. The diagnostic studies to date have included x-rays of the lumbar spine on 04/17/2012 which showed satisfactory postoperative appearance of bilateral sacroiliac joint fusion; and a CT scan of the pelvis on 06/21/2013 which showed loss of disc height with vacuum disc phenomena, endplate sclerosis and osteophytes projecting into the neural foramina at L4-5 causing moderate to severe narrowing of both exit foramina, and osteopenia. A medical report (05/14/2015) indicates that the injured worker had an MRI of the lumbar spine years prior. The new patient consultation report dated 05/14/2015 indicates that the injured worker retired two years ago as a result of chronic low back pain. It was noted that the he relied on his pain medications for pain control. The injured worker took Methadone three times a day and Clonazepam daily. The injured worker had low back pain, and increased pain in the right leg with weakness. It was noted that he had severe anxiety and insomnia. The physical examination showed a surgical scar on the

lumbar spine, non-tender lumbar spine, positive bilateral facet loading, and positive right straight leg raise test. The treatment plan included the refilling of medications, and the injured worker was advised to take Clonazepam, 2 tablets three times a day as needed and Methadone, four tablets three times a day. It was noted that the opioid contract was reviewed and signed, and a urine drug toxicology screen was done. The treating physician requested Clonazepam 1mg #180 and Methadone Hydrochloride 10mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg quantity 180: 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 is a benzodiazepine. The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been taking Clonazepam since at least 06/11/2012. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker has a history of anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term use for any condition. The non-MTUS Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. The injured worker has also prescribed and has been taking Methadone, which is an opioid pain medication. The request does not meet guideline recommendations. Therefore, the request for Clonazepam is not medically necessary.

Methadone Hydrochloride 10mg quantity 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and Opioids Page(s): 61-62 and 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend methadone "as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." The guidelines also indicate, "Methadone should only be prescribed by providers experienced in using it." The injured worker has been taking Methadone since at least 06/11/2012. A severe side effect of methadone is respiratory depression. The guidelines indicate that it should be given with caution to patients with decreased respiratory reserve, such as asthma, COPD, sleep apnea, and severe obesity. The medical records indicate that the injured worker had

symptoms of shortness of breath and wheezing. The guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation did not include these items as recommended by the guidelines. The request did not meet guideline recommendations. Therefore, the request for Methadone is not medically necessary.