

Case Number:	CM15-0121862		
Date Assigned:	07/06/2015	Date of Injury:	12/26/1996
Decision Date:	07/31/2015	UR Denial Date:	06/14/2015
Priority:	Standard	Application Received:	06/24/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on 12/26/1996. He reported being a victim in a physical attack resulting in head trauma, neck and back injuries. Diagnoses include post laminectomy syndrome; status post cervical fusion, chronic pain syndrome, headaches, cervical degenerative disc disease, lumbar back pain with radiculopathy, testosterone deficiency, and depression/anxiety. Treatments to date include activity modification, rest, medication therapy, heat, spinal cord stimulator, nerve blocks and physical therapy, chiropractic therapy, acupuncture treatments and psychotherapy. Currently, he complained of increased pain because medications were denied or decreased. Pain was located in bilateral arms, legs, neck, shoulders, thoracic spine, low back, hips and knees. Pain with medications was rated 2-4/10 VAS and pain 10/10 VAS without medications on average. His current medication included Dilaudid, Norco, Clonazepam, Provigil, Lunesta, Effexor XR, Zanaflex, Lidoderm and other topical creams. On 4/15/15, the physical examination documented a palpable trigger point in the left trapezius muscle and decreased cervical range of motion. The provider documented that without medications, the injured worker is bed bound, unable to complete activities of daily life independently. With medication, functional ability increases to complete activities of daily life and ambulate up to two miles. There was documentation of decreasing the Norco instead of the Dilaudid in the future. The plan of care included Clonazepam 0.5mg tablets, one to two tablets daily as needed for insomnia or muscle spasms #60; Dilaudid 4mg tablets, 1 ½ tablets in the morning and before bed and one tablet at noon #120; and Norco 10/325mg tablets, one to two tablets every four hours as needed #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p. 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was record of having used this medication chronically for sleep or muscle spasm. There was no specific report of how well he slept with this medication. Regardless, the use of this medication is not recommended for ongoing chronic use as previously used by this worker, and therefore will be considered medically unnecessary at this time.

Dilaudid 4mg QTY: 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using Dilaudid for many years leading up to this request with a clear report of having been quite dependent on this medication in order to maintain normal function at home and away, including driving and walking. The pain level reported with his medications including Dilaudid dropped by 50% to 80% according to reports included in the documents included for review. Although the lowest effective dose is recommended, if an attempt to wean down on this medication is not successful, then there is some justification for continuing the most effective dose. Considering his overall

doses are not too high, and no significant side effects or abnormal use was reported, it is reasonable to continue this medication as used before (4 mg #180). The request is medically necessary.

Norco 10/325mg QTY: 240.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using Norco for many years leading up to this request with a clear report of having been quite dependent on this medication in order to maintain normal function at home and away, including driving and walking. The pain level reported with his medications including Norco dropped by 50% to 80% according to reports included in the documents included for review. Although the lowest effective dose is recommended, if an attempt to wean down on this medication is not successful, then there is some justification for continuing the most effective dose. Considering his overall doses of opioids are not too high, and no significant side effects or abnormal use was reported, it is reasonable to continue this medication as used before (10/325 mg #240). The request is medically necessary.