MAXIMUS Federal Services

Case Number:	CM15-0173966		
Date Assigned:	09/24/2015	Date of Injury:	07/18/2007
Decision Date:	10/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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 injured worker is a female, who sustained an industrial injury on 7-18-2007. The injured worker is undergoing treatment for internal derangement of knee, lumbar-lumbosacral disc degeneration, disorders of coccyx, rupture of tendons of foot and ankle post tibial tendon compression fracture, depressive disorder, and thoracic disc displacement without myelopathy. Dates of records reviewed included 3-3-15 to 9-29-15. On 7-2-15, she reported no changed in her condition since her last visit. She rated her pain 8 out of 10 with her current pain being 6. On 7-29-2015, she reported chronic thoracic spine and left knee pain. She indicted that her medications are working well for her and there are no side effects reported. She rated her pain 5-7 out of 10 with medications and 10 out of 10 without medications. She indicated that her medications help her function; however, she does get sleepy with Neurontin if it is used during the day. She reported that without medications she is unable to do errands and spends her day in bed. She indicated her current pain on this date to be 6 out of 10. Physical findings revealed an antalgic wide based gait, guarded and painful thoracic range of motion, tenderness and guarded range of motion of the lumbar spine. The treatment and diagnostic testing to date has included medications, cane. Medications have included Norco, Neurontin, Zanaflex, Clonazepam (Klonopin) since at least March 2015 possibly longer, Gabapentin, Lisinopril, Raw proteins, vitamins, collagen, Cymbalta, Pristiq, Propranolol (Inderal) since at least March 2015 possibly longer. Current work status is permanently disabled. The request for authorization is for Inderal 10mg quantity 60, Klonopin 1 mg quantity 90. The UR dated 8-12-15 non-certified the request for Inderal 10mg quantity 60, Klonopin 1 mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inderal 10mg #60: 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 (updated 05/06/2015) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/016418s080,016762s017,017683s0 0 8lbl.pdf.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines is also missing information on this medication. As per FDA approval label, Inderal/propranolol is approved for hypertension, arrhythmias, migraine, tremors and few other pathologies. Patient has none of these medications listed. Patient has been noted to be receiving this medication for at least a year. Requesting provider notes that "other MD" has been prescribing this medication. It is unclear why this provider suddenly decided to prescribe this medication without providing any indication or clinical information. Documentation fails to meet any FDA approved indications. The request is not medically necessary.

Klonopin 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/2015) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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 anxiety. Chronic use of benzodiazepines such as Clonazepam is not medically necessary.