

<b>Case Number:</b>	CM15-0175962		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 10-5-06. The injured worker is diagnosed with chronic back pain. His disability-work status was not addressed. Notes dated 5-11-15 - 7-23-15 reveals the injured worker presented with complaints of mid and low back pain and spasms and is rated at 5 out of 10. He also reports sleep disturbance due to the pain. Physical examinations dated 5-11-15 - 7-23-15 revealed significant "paraspinous muscle spasms of the thoracic erector spinae muscles" to palpation with tenderness to palpation over the lumbar spine. His range of motion is decreased due to pain and he has a slow gait. His medication regimen includes; Klonopin, Lyrica, MS Contin, Norco (for greater than 18 months), which provides the injured worker the ability to engage in basic, limited activities per note dated 8-4-15. A request for authorization dated 7-30-15 for Klonopin 2 mg is modified to 1 prescription up to #81 and Lyrica 200 mg is modified to 1 prescription #30, per Utilization Review letter dated 9-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin (Clonazepam) 2mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker is being prescribed this medication for chronic pain without an acute exacerbation of muscle spasm. Additionally, there is no quantity requested information included with this request. This medication is not recommended for use greater than 4 weeks, therefore, the request for Klonopin (Clonazepam) 2mg is determined to not be medically necessary.

**Lyrica 200mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Weaning of Medications.

**Decision rationale:** The MTUS Guidelines recommend the use of Lyrica for the treatment of diabetic neuropathy and post-herpetic neuralgia. Anti-epileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does not appear to have neuropathic pain based on the clinical reports, and there is not sufficient reasoning provided by the requesting provider on why Lyrica should be considered necessary. The injured worker has been on this medication for substantial time without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Anti-epilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. Additionally, there is no quantity requested information included with this request. Lyrica should not be discontinued abruptly, and weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica 200mg is determined to not be medically necessary.