

Case Number:	CM15-0177863		
Date Assigned:	09/18/2015	Date of Injury:	10/12/2004
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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: Physical Medicine & Rehabilitation

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, who sustained an industrial injury on 10-12-04. The injured worker was diagnosed as having low back pain and cervicgia. Treatment to date has included medication. Physical examination findings on 5-26-15 included tenderness in the left quadratus lumborum along his spine and down into the gluteal musculature. Paresthesias down into his leg were noted with absent reflexes in the left patella. On 7-23-15, the physician noted "the patient reports analgesia from medication consumption and the patient reports for increased activities of daily living derived from medication use. The patient denies any adverse effects of these medications and the patient review shows no evidence of aberrant drug taking behaviors." The injured worker had been taking Clonazepam, Norco, and Oxycontin since at least March 2015. Currently, the injured worker complains of low back pain. On 8-25-15, the treating physician requested authorization for Clonazepam 1mg #90, Norco 10-325mg #120, and Oxycontin 10mg #180. On 9-1-15, the requests were non-certified. Regarding Norco and Oxycontin the utilization review physician noted "there is no mention of this patient having visual analog scales and cannot determine the effectiveness of the current pain regimen." Regarding Clonazepam, the UR physician noted "there is no clear indication as to what the Clonazepam is being provided for especially if for chronic use." The request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg tablet PO TID #90: 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): Benzodiazepines.

Decision rationale: The patient presents with low back pain. The request is for Clonazepam 1mg tablet PO TID #90. The request for authorization is dated 09/22/15. Physical examination reveals tenderness in the left quadratus lumborum along his spine and down into the gluteal musculature. He has paresthesias down into his leg. He reports his pain is 10/10, but with medications, his pain goes down to 6/10, and allows him to arise from bed, cook his own meals, work in his yard a bit, and have a significantly different and better life. The patient denies any adverse effects of these medications. The patient review shows no evidence of aberrant drug taking behaviors. Patient's medications include Gabapentin, Norco, Clonazepam, Oxycontin, Cymbalta, and Lidoderm Patch. Per progress report dated 05/26/15, the patient is P&S and not working. Clonazepam belongs to the Benzodiazepine class of medications. MTUS, Benzodiazepines Section, page 24 states: "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Treater does not specifically discuss this medication. The patient has been prescribed Clonazepam since at least 03/17/15. The patient continues with low back pain. However, guidelines limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. In this case, the request for additional Clonazepam #90 would exceed guidelines recommendation, and does not indicate intended short-term use. Therefore, the request is not medically necessary.

Norco 10/325mg 1 tablet QID #120: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with low back pain. The request is for Norco 10/325mg 1 tablet QID #120. The request for authorization is dated 09/22/15. Physical examination reveals tenderness in the left quadratus lumborum along his spine and down into the gluteal musculature. He has paresthesias down into his leg. He reports his pain is 10/10, but with medications, his pain goes down to 6/10, and allows him to arise from bed, cook his own

meals, work in his yard a bit, and have a significantly different and better life. The patient denies any adverse effects of these medications. The patient review shows no evidence of aberrant drug taking behaviors. Patient's medications include Gabapentin, Norco, Clonazepam, Oxycontin, Cymbalta, and Lidoderm Patch. Per progress report dated 05/26/15, the patient is P&S and not working. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 09/15/15, treater's reason for the request is "I believe this fulfills the criteria as reported on the utilization form." Patient has been prescribed Norco since at least 03/17/14. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. However, no validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. A UDS and CURES are documented. However, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request is not medically necessary.

Oxycontin 10mg tablet TID #180: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with low back pain. The request is for Oxycontin 10mg tablet TID #180. The request for authorization is dated 09/22/15. Physical examination reveals tenderness in the left quadratus lumborum along his spine and down into the gluteal musculature. He has paresthasias down into his leg. He reports his pain is 10/10, but with medications, his

pain goes down to 6/10, and allows him to arise from bed, cook his own meals, work in his yard a bit, and have a significantly different and better life. The patient denies any adverse effects of these medications. The patient review shows no evidence of aberrant drug taking behaviors. Patient's medications include Gabapentin, Norco, Clonazepam, Oxycontin, Cymbalta, and Lidoderm Patch. Per progress report dated 05/26/15, the patient is P&S and not working. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 09/15/15, treater's reason for the request is "I believe this fulfills the criteria as reported on the utilization form." Patient has been prescribed Oxycontin since at least 03/17/14. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Oxycontin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Oxycontin. However, no validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. A UDS and CURES are documented. However, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request is not medically necessary.