

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0179231 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 04/16/2001 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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 41 year old male, who sustained an industrial-work injury on 4-16-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, thoracic and lumbar fractures requiring fusion times 2 from L2-T11 with radiculopathy and upper and lower motor neuron injury findings, spinal cord stimulator implant, depression, anxiety, insomnia from pain, gait instability from spinal nerve injury, constipation and hypertension. Medical records dated (2-11-15 to 8-25-15) indicate that the injured worker complains of constant high severity post-surgical low back pain and neuropathic left leg pain, gait instability, with weakness in both legs and instability with ambulation, impotence depression, and insomnia. The back pain and leg weakness are considerably worse and there is continued pain in the groin that has not improved. The medical record dated 5-28-15 the physician indicates that "he now cannot walk because of new severe pain in his groin, low back and weakness in both legs." The pain is rated 6-9 out of 10 on pain scale with medications and 10 out of 10 without the medications. The injured worker states that the medications improve his ability to stand, sit, transfer, walk, toilet, bathe and clothe himself. He also reports the quality of his life is better with the medications. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-25-15 the injured worker has not returned to work. The physical exam dated 8-25-15 reveals that the injured worker's mood is mildly depressed and affect is sad. The injured worker stands with severe difficulty with left antalgic wide stance with left foot slap. There is decreased sensation on the left in the entire foot and lower leg to thigh in L3, L4, L5 and S1 distribution. There is pain in the groin with

abduction bilaterally. The lumbar spine exam reveals paraspinal atrophy from mid thoracic area to low lumbar area. There is moderate spasm to palpation and tenderness throughout the lumbar paraspinals. There is pain with rotational movements of the hips and tenderness in the right greater trochanter and gluteus. There is atrophy noted in the left anterior and posterior compartment muscles and quadriceps compared to the right leg. Treatment to date has included pain medication, MS Contin since at least 2014, Klonopin since at least 2014, spinal fusion in 2001, spinal cord stimulator, wheelchair, home health aide, left knee brace, psyche care and other modalities. The treating physician indicates in the records that the patient has signed a pain contract. The request for authorization date was 8-26-15 and requested services included MS Contin 60mg #90 and Klonopin 2mg #90. The original Utilization review dated 9-1-15 modified the request for MS Contin 60mg #60 to allow for weaning. The request for Klonopin 2mg #90 is modified to Klonopin 2mg #60 to allow for weaning and discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #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): Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. In this case, although the injured worker is in need of chronic opioids in the management of his long-term pain, his current daily morphine sulfate equivalency dose is 270mg which is more than twice the upper most recommended daily limit of 120mg. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS Contin 60mg #90 is determined to not be medically necessary.

Klonopin 2mg #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, Weaning of Medications.

Decision rationale: Klonopin (Clonazepam) is a benzodiazepine. 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 has been prescribed Klonopin since at least 2014 which is not supported by the guidelines. Tapering of this medication is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Klonopin 2mg #90 is determined to not be medically necessary.