MAXIMUS Federal Services

Case Number:	CM15-0028112		
Date Assigned:	02/20/2015	Date of Injury:	03/03/1994
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, New York, 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 applicant is a represented 70-year-old [redacted] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 3, 1994. In a Utilization Review Report dated January 28, 2015, the claims administrator failed to approve request for Duragesic and Klonopin. An RFA form of January 20, 2015 and associated progress notes of January 19, 2015 and January 6, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported ongoing complaints of neck and low back pain radiating into left leg, 4/10 with medications versus 9-10/10 without medications. The applicant was using a wheelchair to move about. The applicant was status post earlier failed lumbar spine surgery. The applicant's medication list included Duragesic, Subsys, Klonopin, Lyrica, and Wellbutrin. The applicant was receiving both Workers' Compensation indemnity benefits and disability insurance benefits, it was acknowledged. The applicant denied any illicit drug use. The applicant was obese, with BMI of 34. The attending provider contended that the applicant was profiting from ongoing medication consumption but declined to elaborate further. The attending provider stated that the applicant would be bedridden without her medications, including Duragesic. It was suggested (but not clearly stated) that the applicant was employing Klonopin for anxiolytic effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 75mcg/hr patch, Dispense 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -
9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: No, the request for Duragesic, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, the treating provider acknowledged on January 19, 2015. The applicant was receiving both workers' compensation indemnity benefits and disability insurance benefits, the treating provider acknowledged on that date. While the treating provider did outline some reduction on pain scores reportedly effected as a result of ongoing Duragesic usage, these are/were, however, outweighed by the applicant's failure to return to work, the applicant's difficulty performing activities of daily living as basic as standing and walking, the fact that the applicant is apparently reliant on a wheelchair to move about, and the fact that the attending provider has failed to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy. The applicant's commentary to the effect that she would be bedridden without her medications does not, in and of itself, constitute evidence of a meaningful, material, and/or significant functional benefit derived as a result of the same. Therefore, the request was not medically necessary.

Klonopin 1mg, Dispense 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Klonopin, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the 90-supply of Klonopin at issue represents chronic, long-term, and thrice daily usage. Such usage, however, is incompatible with the short-term role for which anxiolytics are espoused, per ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.