

Case Number:	CM15-0077380		
Date Assigned:	05/27/2015	Date of Injury:	08/23/2011
Decision Date:	06/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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, Pain Management

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 injury on 08/23/2011 resulting in left shoulder and upper back pain. Treatment provided to date has included: medications (Norco and Klonopin) with no noted improvement in pain or function; and left shoulder surgery (03/06/2012). Diagnostic tests performed include: x-rays, MRIs, and electrodiagnostic testing which was unremarkable. Comorbid diagnoses included history of hypertension and diabetes. There were no noted previous injuries or dates of injury. On 02/25/2015, physician progress report noted continued left shoulder pain. Pain is rated as 4 (1-10) with the use of current medications. Additional complaints include disturbed sleep due to pain. The physical exam revealed no tenderness to palpation of the left shoulder, painful (after 160°) but full range of motion, negative impingement, Neer's and Hawkins tests, full and equal strength, negative Sulcus sign and apprehension test, and no evidence of instability. The provider noted diagnoses of status post left shoulder arthroscopic surgery, anxiety/stress, and insomnia. Plan of care includes a continued Norco and Klonopin, continued home exercises, counseling regarding weight reduction, gym membership and healthy diet was provided, and a follow-up in 4-5 weeks. A progress report dated February 21, 2015 indicates that the patient takes Klonopin to sleep. The note goes on to state that there is a question of stoppage of breathing. Requested treatments include: Norco and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 twice daily #60 prescribed 2/25/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Klonopin 0.5mg #30 prescribed 2-25-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Per claims admin letter dated 5/21/2015 liability is no longer a dispute and that psyche/anxiety has been accepted. Regarding the request for Klonopin 0.5mg #30 prescribed 2-25-15, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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." 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. Within the documentation available for review, there is no description of failure of behavioral treatment, response to medication, or a statement indicating why the off-label use of benzodiazepine medication would be preferable for this patient rather than a sedative/hypnotic sleep aids. Additionally, there is some concern for obstructive sleep apnea. The use of benzodiazepine medication at night may significantly increase the risk of complications associated with sleep apnea. In light of the above issues, the currently requested Klonopin 0.5mg #30 prescribed 2-25-15 is not medically necessary.