

Case Number:	CM15-0095201		
Date Assigned:	05/21/2015	Date of Injury:	02/13/2006
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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 50 year old male who sustained an industrial injury on 2/13/06. The injured worker was diagnosed as having intervertebral lumbar disc disorder with myelopathy lumbar region, radiculopathy and failed back surgical. Currently, the injured worker was with complaints of discomfort in the back and right leg. Previous treatments included status post spinal cord stimulator insertion, rest, therapy, and transcutaneous electrical nerve stimulation unit and status post lumbar fusion. The plan of care was for medication prescriptions including Topamax, Suboxone, Zofran, Lidoderm, Welbutrin, Meloxicam, Vibryd, Clonazepam and Toradol on a monthly basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam .05 mg per 4/6/15 order #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: MTUS Guidelines are very specific in the recommendation that benzodiazepines are not recommended for long term use with chronic pain or conditions associated with chronic pain (anxiety, depression, insomnia). There are no unusual circumstances to justify an exception to Guidelines. The Clonazepam .05mg #30 is not supported by Guidelines and is not medically necessary.

Toradol injection 60 mg per 4/8/15 order #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Ketorolac.

Decision rationale: Guidelines do not recommend the use of Ketorolac for chronic pain management. Short term management (up to 5 days) of post operative pain is supported, but not for the management of chronic musculoskeletal pain. This individual is on daily dosing of oral NSAIDs and the addition of Ketorolac is contraindicated even on a short term basis. Occasional rare use of flare-ups may be reasonable to avoid accelerated use of opioids, but the regular a least monthly use with a recommendation for #30 injectables prescribed is not supported by Guidelines and is not medically necessary.