

Case Number:	CM15-0098616		
Date Assigned:	05/29/2015	Date of Injury:	12/01/2001
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/21/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 64 year old female sustained an industrial injury to the low back on 12/1/01. Previous treatment included cognitive behavioral therapy, aqua therapy and medications. Magnetic resonance imaging lumbar spine (6/14/12) showed normal alignment with mild hypertrophic facet arthrosis at L4-5 and L5-S1 but no evidence of significant disk bulge, focal protrusion, spinal stenosis or acute abnormality. In a PR-2 dated 4/14/15, the injured worker complained of ongoing low back pain. The physician noted that the injured worker remained markedly disabled due to chronic pain with both nociceptive and affective components. The injured worker reported getting partial pain relief with her current analgesic medications, allowing her to drive, sit and walk for longer and perform simple activities of daily living and daily exercises. No physical exam was documented. Current medications included Norco, Lyrica, Cymbalta, Trazadone, Clonazepam, Celebrex and Senekot-S. The injured worker had been prescribed Norco, Cymbalta, Trazadone and Celebrex since at least 2012 and Lyrica, Cymbalta and Clonzepam since at least 2013. Current diagnoses included chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological components and a general medical condition and persistent insomnia due to pain. The treatment plan included continuing current analgesic medications (Norco, Lyrica, Cymbalta, Trazadone, Clonazepam, Celebrex and Senokot) and return to clinic in 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, When to discontinue and continue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least 2012 without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #150 is not medically necessary.

Clonazepam 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 25.

Decision rationale: According to MTUS guidelines, "Benzodiazepines (including Clonazepam). 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. (Baillargeon, 2003) (Ashton,2005)" The medication has been used by the patient since at least 2013 without any evidence of functional improvement. Therefore, the request for Clonazepam 2mg #60 is not medically necessary.