

<b>Case Number:</b>	CM13-0049435		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/09/2004
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 33-year-old male with an injury date of 02/09/2004. According to the treating physician's report, dated 10/04/2013, the listed diagnoses are: Facet syndrome; Lumbar strain or sprain; Lumbar osteoarthritis; Chronic pain; and Constipation due to slow transit. The list medications were: Duragesic 50 mcg; Gabapentin 600 mg; Paroxetine; Norco #90; Effexor 37.5 mg; Clonidine; and Diclofenac. The report indicates that the patient was to start clonidine 0.1 mg for burning pain and opiate potentiation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89..

**Decision rationale:** This patient presents with chronic low back pain, with a listed diagnoses that include facet joint and lumbar osteoarthritis. The treating physician has been prescribing Norco for quite some time. I have reviewed all of the reports from 01/15/2013 to 11/01/2013.

All of these reports include Norco prescribed at #90 per month. The Chronic Pain Guidelines require documentation of pain and functional improvement as compared to baseline, functioning should be measured at 6-month intervals using numerical scale and validated instrument. Despite review of all of the reports from 2013, there is no documentation of "numerical scale or validated instrument" documenting functioning. The reports do not document any pain and functional improvement compared to the patient's baseline. The guidelines also require documentation of 4 A's (analgesia, ADLs, adverse effects, adverse behavior). In this patient, analgesia from the use of medications is not documented. The patient's significant changes and activities of daily living from the use of the medication are not documented. Some of the comments regarding medications include "medications were partially but not completely helpful" from 10/04/2013. Low back pain on this day was 09/10, with subjective pain that is described as "nothing seems to help." The 09/06/2013 report also has the statement "nothing seems to help." Assessment of visual analog scale showed that on 03/19/2013, pain was rated at 07/10, but all other reports are 09/10. Another statement regarding use of medication is dated 08/02/2013 where the patient stated, "Current medications are helping for pain." However, none of the reports mention before and after pain assessment to demonstrate analgesia from the use of these medications. Based on such high levels of pain reported despite use of multiple opiates, it would appear that opioid-induced hyperalgesia is a possibility. None of the reports discuss this possibility. Given the lack of efficacy, documentation of pain assessment, functional improvement, recommendation is denial of the request of Norco.

**One (1) prescription of Venlafaxine 75mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

**Decision rationale:** This patient presents with chronic persistent low back pain. The treating physician has been prescribing Effexor for the entire year of 2013. Despite review of the reports from 01/15/2013 to 11/01/2013, there is no mention of what this medication is doing for the patient's chronic pain. Furthermore the treating physician does not indicate exactly what this medication is being used for. It is not known whether or not this medication is used for the patient's depression or chronic pain. The listed diagnoses do not include depression and anxiety or psychological issues. None of the subjective complaints discuss the patient's psychological or psychiatric issues. None of the reports discuss neuropathic pain to possibly consider Effexor for patient's neuropathic pain. The Chronic Pain Guidelines recommend the use of antidepressants as a first line of option for neuropathic pain and as a possibility for non-neuropathic pain. Therefore, use of Effexor may be appropriate for this patient's condition, but the treating physician does not provide any documentation of its efficacy, the reason for using the medication. The guidelines requires a pain assessment in function with the use of medications for chronic pain conditions. Recommendation is for denial.

**One (1) prescription of Clonidine 0.1mg #30, with five (5) refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with chronic low back pain, with a diagnosis of facet syndrome, strain/sprain and osteoarthritis. The treating physician first prescribed the clonidine on 10/04/2013 stating that this is for opiate potentiation. The Chronic Pain Guidelines indicate that the clonidine is recommended only after a short term trial for pain relief in patients' refractory to opioid monotherapy or opioids with local anesthetic. There is little evidence that shows that this medication provides long-term pain relief. The guidelines do not provide any discussion regarding clonidine apart from its intrathecal use. Review of the Official Disability Guidelines also discusses clonidine in the setting of intrathecal use. In this patient, the treating physician is prescribing this medication for opiate potentiation. Recommendation is for denial.