MAXIMUS Federal Services

Case Number:	CM13-0061923		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2012
Decision Date:	05/12/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/05/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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:

The patient is a 31 year old male who was injured on 06/08/2012. He was at work and involved in a vehicle accident and injured his lumbar spine and right shoulder. Prior treatment history has included physical therapy which was helpful and medications provided temporary relief. The patient's medications as of 11/26/2013 include: Clonidine HCL, Klonopin 0.5 mg, Tizanidine HCL 2 mg, Suboxone 2 mg, and TENS unit. A pain medicine re-evaluation note dated 12/26/2013 indicated the patient to have complaints of neck pain that radiated bilaterally in the upper extremities and low back pain that radiated bilaterally to the lower extremities. The patient's pain was rated as 3/10 in intensity with medications. The patient's pain was rated as 5/10 in intensity without medications. He reported the pain increased with activity. On examination of the lumbar spine, there was tenderness noted upon palpation in the spinal vertebral area of L4-S1 levels. The patient was diagnosed with lumbar radiculopathy, iatrogenic opioids dependency, chronic pain, and status post outpatient detox on suboxone. His Klonopin had been decreased to 0.5 mg at this visit. His medications were refilled including Clonidine Hcl 0.1 mg, Tizanidine Hcl 2 mg, Suboxone 2 mg, and Klonopin 0.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TIZANDINE HCL 2MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 66.

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not document objective examination findings that establish the patient has spasticity, and no spasms were documented on examination. There is no evidence of an acute exacerbation. Chronic use of muscle relaxants is not recommended. Consequently, the medical necessity of continued use of Tizanidine has not been established.

45 KLONOPIN 0.5 MG: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The medical records do not reveal the patient has a relevant psychiatric diagnosis. Furthermore, if a diagnosis of anxiety disorder existed, a more appropriate treatment would be an antidepressant. Klonopin is not recommended. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary. The request is not medically necessary and appropriate.

30 CLONIDINE HCL 0.1 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34-35. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the MTUS Chronic Pain Guidelines, Intrathecal Clonidine is recommended only after a short-term trial indicates pain relief in patients' refractory to opioid monotherapy or opioids with local anesthetic. According to the Official Disability Guidelines, Clonidine can relieve many opioid withdrawal symptoms (an off-label treatment) as long as there are no contraindications to use. The patient is status post outpatient detox on Suboxone. According to the guidelines, Clonidine may relieve opioid withdrawal symptoms, an off-label use. The patient's medication as of 11/26/2013 included Clonidine HCL. The guidelines indicate Clonidine is only required to be maintained for 2-3 days after cessation of opioids, and then tapered over 5-10 days. It does not appear that continuation of Clonidine is medically necessary.