

Case Number:	CM13-0062433		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2002
Decision Date:	04/03/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/06/2013

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:

The patient is a 52-year-old female who sustained a work-related injury on 1/7/02. The listed diagnoses are lumbosacral neuritis, lumbar strain or sprain, lumbar arthritis, sacral radiculitis, and degeneration of lumbar intervertebral disk. According to a progress report dated 7/16/13, the patient presents with low back pain and wrist pain. She states her pain is about a 6/10 in the wrist. She reports pain in the low back radiating into the tailbone as well as insomnia from the pain problem. She has been having difficulty doing her own home exercise program. Objective findings show patient is alert, well oriented in no active distress. Range of motion of the upper extremities is reduced by 20%. There is diffused tenderness on the radial and dorsal aspect of the wrist, and there are palpable spasms over the facet joints. Straight leg raising is more painful in the back than down the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Clonidine 0.1mg with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS guidelines state that Clonidine is used intrathecally and that it is recommended only after a short-term trial indicates pain relief in patients refractory to opioid monotherapy. There is little evidence that this medication provides long-term pain relief, and no studies have investigated the neuromuscular, vascular or cardiovascular physiologic changes that can occur over long period of administration. It is unclear from the review of reports why the treating physician is using this medication, or how the patient reacts to it. It is assumed that it is used for the patient's pain. However, MTUS guidelines do not support the use of Clonidine. The request is noncertified.

90 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61, 88-89.

Decision rationale: For chronic opiate use, the MTUS guidelines require documentation at least once every 6 months using a numerical scale or a validated instrument. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) is also required. Furthermore, the MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Review of reports shows that the patient has been prescribed Hydrocodone since 3/25/13. The patient currently takes Ambien, Carisoprodol, Clonidine, Duragesic, Flector patch, Gabapentin, Hydrocodone, ibuprofen, Omeprazole, and Topamax. In this case, none of the reports document pain assessment on a numerical scale that would represent functional levels before and after the start of this medication. The MTUS further requires under outcome measures documentation including current pain, average pain, least pain, duration of relief from medications; none of these were provided. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is noncertified.