

Case Number:	CM14-0064096		
Date Assigned:	07/11/2014	Date of Injury:	09/07/2000
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 61 year old male injured on 09/07/00 due to an undisclosed mechanism of injury. Current diagnosis is post laminectomy syndrome of the cervical region. The clinical note dated 03/04/14 indicates the injured worker presented with admitted overuse of medications resulting in withdrawal symptoms requiring treatment in a local emergency department. The injured worker was placed on Subutex at that time. An addictionology consult was requested and ongoing treatment with Subutex has been maintained. The injured worker did not receive Clonidine and most signs of withdrawal were abated. The injured worker reported feelings of anxiety and was placed on Gabapentin for mood stabilization. Medications include Clonidine 0.1 milligram twice daily, Effexor 150 milligrams once daily, Protonix 40 milligrams once daily, Topamax 25 milligrams two tablets every morning and three tablets at bedtime, Trazadone 50 milligrams two tablets at bedtime, Subutex 8 milligrams half a tablet sublingual three times daily, and Gabapentin 300 milligrams three times daily. The initial request for Clonidine hydrochloride 0.1 milligram one twice daily quantity 60 and Subutex 8 milligrams tablets sublingual three times daily quantity 40 was initially deemed not medically necessary on 04/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine HCL 0.1mg 1po bid #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Current guidelines indicate Clonidine can relieve many opioid withdrawal symptoms (an off label treatment) as long as there are no contraindications to use. Dose is generally 0.1 to 0.2 three to four times daily as long as blood pressure is over 90 millimeters of mercury (Hg) systolic and there is no sedation or bradycardia. Clonidine is often maintained for two to three days after cessation of opioids and tapered over five to ten days. Documentation indicates the injured worker had temporary withdrawal symptoms requiring treatment with Subutex. Pending evaluation and treatment by an addictionology specialist, ongoing treatment of withdrawal symptoms is appropriate. As such, the request for Clonidine hydrochloride 0.1 milligram one twice daily quantity 60 is recommended as medically necessary.

Subutex 8mg tablets, sublingual tid #40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine for chronic pain, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC, Pain Chapter, Buprenorphine for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, page 26 Page(s): 26.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Subutex is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation indicates this medication was prescribed following withdrawal from opioid medications. A consultation for further medication management has been requested. Pending evaluation and treatment by an addictionology specialist, ongoing treatment of withdrawal symptoms is appropriate. As such, the request for Subutex 8 milligrams, sublingual three times daily quantity 40 is recommended as medically necessary.