

Case Number:	CM14-0185752		
Date Assigned:	11/13/2014	Date of Injury:	10/05/2000
Decision Date:	02/18/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/07/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

The patient is a 48 year old female with a work injury dated 10/5/00. The mechanism of injury is not clear. The diagnoses include complex partial pain syndrome. Under consideration are requests for Methadone 10mg #90; Clonidine .2mg #60; Pantoprazole 40mg #60; Baclofen 10mg #120; Lyrica 150mg #120. There is one progress report available for review which was dated 6/3/14. This is a neurology physician document that states that the patient was seen in follow up on 6/3/14 for her work related injury of 10/5/00 involving her upper and lower extremities and secondary complex partial pain syndrome. Subjectively she has pain and numbness and swelling in her upper and lower extremities. Objectively she has peripheral edema in the lower extremities distally with some sensory loss in the distal upper and lower extremities. In order to maintain her activities of daily living she continues to benefit from pain management using a combination of methadone 30 mg b.i.d., Clonidine .2 mg b.i.d., Lyrica 300 mg b.i.d., Norco 10/325 up to q.i.d., Pantoprazole 40 mg 2 a.m., Baclofen 10 mg up to q.i.d. for muscle spasm. Assuming she is stable she will follow-up in two months. She is doing daily exercises including walking. Per prior peer review report dated 10/15/14 the patient has been treated with Methadone, Lyrica, and Baclofen for her chronic pain syndrome. She has been treated with for her secondary medical problems of hypertension and gastroesophageal reflux (GERD) with Clonidine and Pantoprazole. The medications which were requested 10/7/14 were denied due to lack of complete clinical data.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine .2mg #60: Upheld

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 Clonidine, Intrathecal Page(s): 35-36.

Decision rationale: Clonidine .2mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS discuss Clonidine intrathecally but also refers to Clonidine (Catapres). Clonidine (Catapres) is a direct-acting adrenergic agonist prescribed historically as an antihypertensive agent, but it has found new uses, including treatment of some types of neuropathic pain. The documentation does not indicate efficacy of prior Clonidine. The documentation submitted from June of 2014 does not contain enough clinical information regarding the patient's blood pressure, functional improvement, or improvement in pain levels. For this reason, Clonidine 0.2mg #60 is not medically necessary.

Pantoprazole 40mg #60: Upheld

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Pantoprazole 40mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. Therefore, the request for Pantoprazole 40mg #60 is not medically necessary.

Lyrica 150mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Lyrica 150mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that after initiation of antiepileptic medication

treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs (antiepileptic medications) depends on improved outcomes versus tolerability of adverse effects. The documentation submitted does not indicate evidence of pain relief or improvement in function on Lyrica. Therefore, the request for Lyrica is not medically necessary.