

Case Number:	CM14-0208060		
Date Assigned:	12/22/2014	Date of Injury:	02/12/2002
Decision Date:	02/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine 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 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 52-year-old male with a date of injury of 02/12/2002. According to progress report dated 11/20/2014, the patient presents with continued low back pain and right lower extremity radicular pain with numbness in his right posterior thigh, calf, to his feet. The patient states that with current medication, his pain is greatly improved and reduced from a 10/10 to a 3/10 to 4/10. These medications allow him to perform his activities of daily living including getting dressed and performing household chores like gardening, washing dishes, and cooking. He also is able to walk his dog on a regular basis. Without medications, he is essentially stuck in bed. Physical examination revealed tenderness to palpation over the bilateral thoracolumbar paraspinal muscles. He has right-sided antalgic gait. The patient is status post lumbar fusion surgery from L4 to S1 on 09/29/2008. The listed diagnoses are: 1. Chronic low back pain, status post lumbar surgery on 09/29/2008. 2. Lumbar radiculopathy. 3. Myofascial pain. 4. Lumbar facet arthropathy at the L3-L4 and L2-L3 levels. The patient is permanent and stationary with permanent restrictions. Treatment plan is for patient to continue with medications, lumbar brace, and follow-up in 4 weeks. The utilization review dated 12/9/14 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 12mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS. Page(s): 88, 89, 76-78, 60-61.

Decision rationale: This patient presents with chronic low back pain and right lower extremity radicular pain. The current request is Duragesic patch 12 mcg #15. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Duragesic patches for pain since at least 04/15/2014. Progress report dated 09/25/2014 notes that the patient requires current medications for breakthrough pain, and that medications help him perform activities of daily living, household chores, and maintain an exercise routine. Progress report dated 11/20/2014 documents a decrease of pain from 10/10 to a 3-4/10 with current medications. With medications, the patient is able to get dressed and perform household chores including gardening, washing dishes, and cooking. Without medications, the patient is unable to get out of bed. In this case, the treating physician has documented analgesia and provided specific functional improvement with taking medications. However, further use of Duragesic patch cannot be supported as there are no discussions of adverse side effects or possible aberrant behaviors as required by MTUS for opiate management. CURES report and urine drug screens are not provided to monitor compliance. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Duragesic patches ARE NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.

Clonidine patches #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Weaning, Opioids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter for Weaning, opioids (specific guidelines).

Decision rationale: This patient presents with chronic low back pain and right lower extremity pain. The current request is for clonidine patches #4. The ODG Guidelines under the pain chapter for Weaning, opioids (specific guidelines), states "(3) Clonidine can relieve many opiate-withdrawal symptoms (and off-label treatment) as long as there are no contradictions to use. Dose is generally 0.1-0.2 t.i.d., 2 q.i.d. as long as blood pressure is over 90 mmHg systolic and there is no sedation or bradycardia. Clonidine is often maintained for 2 to 3 days after cessation of opioids and tapered over 5-10 days." The medical records indicate the patient was

started on clonidine patch 0.1 mg to "help treat withdrawal symptoms that he is having because of decrease in his medication dosage." ODG states that clonidine is often maintained for 2 to 3 days after cessation of opioids and tapered over 5 to 10 days. The patient was started on Clonidine on 7/25/14 "to help treat withdrawal symptoms that he is having because of decrease in his medication dosage." The patient has been concurrently taking clonidine with Duragesic patches and Percocet since 07/25/2014. There is no indication the patient has tapered opioids, and the patient has been taking this medication for now over 6 months. The requested Clonidine patches #4 IS NOT medically necessary.