

<b>Case Number:</b>	CM14-0096478		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male, who sustained a work related injury on 5/25/00. The diagnoses have included radiculopathy, pain lower extremities, pain lumbar spine and major depressive disorder. Treatments to date have included oral medications, lumbar fusion and spinal cord stimulator therapy. In the PR-2 dated 5/19/14, the injured worker complains of lower back and bilateral leg pain. He has right sacroiliac joint tenderness to palpation. He has limited range of motion in lumbar area. On 5/28/14, Utilization Review non-certified prescription requests for Clonidine 0.1mg., and #45, Lunesta 3mg., #30. Non-California MTUS Guidelines, were cited. On 5/28/14, Utilization Review modified prescription requests for MS Contin 15mg., #120 to MS Contin 15mg., #60 and Norco 10/325mg., #180 to Norco 10/325mg., #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonidine 0.1mg #45:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Drug Formulary, Clonidine Pain chapter, Weaning opioids

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for CLONIDINE 0.1mg #45. The patient is currently taking Skelaxin, Amitriptyline, Colace, Effexor XR, Lyrica, Prilosec, Miralax, Clonidine, Lunesta, MS Contin and Norco. Per 05/19/14 report, the patient blood pressure is 117/68mmHg. ODG guidelines, under Drug Formulary, recommend Clonidine as the 2nd line medication for hypertension after life style's modification. ODG Guidelines under the pain chapter for Weaning, opioids states "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 is maintained for 2 to 3 days after cessation of opioids and tapered over 5-10 days." In this case, there is no discussion regarding how long the patient has been utilizing this medication and with what efficacy. There is no documentation indicating whether the patient is tapering from opioids or that the patient is being treated for hypertension for which this medication is indicated for. Therefore, the request IS NOT medically necessary.

**Lunesta 3mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28;47 (1203):17-9

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Mental & Stress Chapter states: Eszopicolone Lunesta Pain chapter, insomnia treatment

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for Lunesta 3MG #30. The patient is currently taking Skelaxin, Amitriptyline, Colace, Effexor XR, Lyrica, Prilosec, Miralax, Clonidine, Lunesta, MS Contin and Norco. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone Lunesta": Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone "Lunesta" from 2 mg to 1 mg for both men and women." In this case, while the patient suffers from insomnia with chronic pain condition, there is no indication how long this patient has been on Lunesta and how effective this medication has been in managing insomnia. More importantly, ODG does not support a long-term use of this medication, limiting it's use to 2-3 weeks only. The request IS NOT medically necessary.

**MS Contin 15mg #60:** Upheld

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

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

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for MS Contin 15mg #60. The patient is currently taking Skelaxin, Amitriptyline, Colace, Effexor XR, Lyrica, Prilosec, Miralax, Clonidine, Lunesta, MS Contin and Norco. Regarding work statue, the treater states that "As per PTP."Per 05/19/14 report, the patient "continues to get significant partial relief from his medications and SCS. He tolerates the medications well and has not displayed any aberrant behavior. He was able to reduce MS Contin to 15mg 3 tablets per day." "The medications and SCS unit continues to help to take the edge off of his pain by 50%."MTUS Guidelines pages 88 and 89 states, "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 4 A's --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. Although the treater discusses analgesia and aberrant behavior/side-effects, not all 4 A's are addressed as required by MTUS guidelines. The treater provides a general statement indicating that "we monitor the 4 A's for ongoing monitoring. We make every effort to assess the pain at every visit and functioning is measured at 6 month intervals as recommended by the guidelines. We monitor patient compliance by means of CURES reports and Urine Drug Screening." However, the provided reports do not show functional measure. No specific ADL changes are noted showing significant improvement. Partial relief is mentioned but not before and after pain scales showing significant analgesia. No outcome measures are provided as required by MTUS. The results of UDS are not mentioned either. General statements showing that the requirements are met are inadequate. The actual documentations of the four A's must be provided. mentioned which demonstrate medication efficacy. Therefore, the request IS NOT medically necessary.

**Norco 10/325mg #60:** Upheld

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

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

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for NORCO 10/325mg #60. The patient is currently taking Skelaxin, Amitriptyline, Colace, Effexor XR, Lyrica, Prilosec, Miralax, Clonidine, Lunesta, MS Contin and Norco. Regarding work statue, the treater states that "As per PTP."Per 05/19/14 report, the patient "continues to get significant partial relief from his medications and SCS. He tolerates the medications well and has not displayed any aberrant behavior. He was able to reduce MS Contin to 15mg 3 tablets per day." "The medications and SCS unit continues to help to take the edge off of his pain by 50%."MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or

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