

Case Number:	CM15-0101990		
Date Assigned:	06/04/2015	Date of Injury:	06/22/2006
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 59 year old female sustained an industrial injury to the back on 6/22/06. Previous treatment included magnetic resonance imaging, lumbar fusion, epidural steroid injections, psychological care and medications. In a PR-2 dated 5/1/5, the injured worker reported that she felt a lot of anxiety and inability to be still for most of the month. The injured worker appeared well groomed with appropriate affect, anxious mood, normal and coherent speech and intact judgment and attention span. Current diagnoses included major depression, single episode. The treatment plan included a follow up appointment in two months and medications refills (clonidine, Suboxone and Buspirone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine tablets 0.1mg, #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clonidine: Drug Information. Topic 9285, version 160.0. Up-To-Date, accessed 07/04/2015.

Decision rationale: Clonidine is a medication in the alpha2-adrenergic agonist class. The MTUS Guidelines are silent on this issue. Clonidine is FDA-approved for use in the treatment of high blood pressure in those who have failed first-line therapy. A long-acting form is also approved for the treatment of attention-deficit/hyperactivity disorder. Continuous infusion in the space around the spinal cord along with opioid medication is approved for the control of severe neuropathic pain due to cancer in those resistant to treatment with opioids alone. There is some literature to also support the use of this medication in some cases of diabetic diarrhea, opioid withdrawal, post herpetic neuralgia, stopping smoking, Tourette syndrome, impulse control disorder and aggression due to conduct disorder, and select cases of severe pain. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back that went into the right leg with spasms, pain in the right side of the trunk, and pain in the legs. There was no discussion suggesting any of the above conditions were occurring or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of clonidine 0.1mg with two refills is not medically necessary.

Buprenorphine/Naloxone Suboxone 8-2mg, #60 with 1 refill: 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 Opioids, Buprenorphine, Weaning of Medications Page(s): 74-95, 26-27, 124.

Decision rationale: Suboxone contains two medications, buprenorphine and naloxone. Buprenorphine is a unique opioid (a partial agonist at the mu receptor) used for pain control that also acts as an antagonist at the kappa receptor. Naloxone is an opioid antagonist, an "anti-opioid." The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include such elements as the current pain intensity and the pain intensity after taking the opioid medication, among others. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back that went into the right leg with spasms, pain in the right side of the trunk, and pain in the legs. The recorded pain assessments contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, demonstrating why this particular medication was needed, or describing special circumstances that sufficiently supported this

request. In the absence of such evidence, the current request for sixty doses of buprenorphine with naloxone 8/2mg with one refill is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.