

<b>Case Number:</b>	CM15-0059760		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/27/1991
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, Illinois  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 55-year-old female, who sustained an industrial injury on 9/27/1991. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar radiculopathy, status post lumbar fusion on 7/01/2009, chronic pain syndrome, lumbago, myofascial syndrome, status post right knee surgery x2, neuropathic pain, and chronic pain related insomnia. Treatment to date has included surgical intervention, diagnostics, and medications. Currently, the injured worker complains of low back pain, radiating to both hips, bilateral knee pain, and abdominal pain. She reported taking Lyrica from time to time, but it made her feel "loopy". Her pain was rated 8/10 with medications, 10/10 without, and average 7/10 for the preceding week. She also reported increased pain levels without Oxycontin use but was "getting by with Norco". Her blood pressure was 118/80 and body mass index was 28.9%. She had seen a general surgeon and reported that the origin of abdominal pain was felt to be from nerve damage. Current medications included Oxycontin (although not authorized and use was not clarified), compound pain cream, Norco, Valium, Prevacid, Zanaflex, Lunesta, Percura, Trepadone, and Clonidine. Gabapentin was requested for nerve pain. Urine drug screening was referenced but not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 7/01/2009. The medical records provided indicate the diagnosis of lumbar radiculopathy, status post lumbar fusion on 7/01/2009, chronic pain syndrome, lumbago, myofascial syndrome, status post right knee surgery x2, neuropathic pain, and chronic pain related insomnia. Treatment to date has included surgical intervention, diagnostics, and medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #150. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate that since 2013 when she was first noticed to be on this medication the pain has remained the same, there has been no overall improvement; she is not properly monitored for pain control, and activities of daily living.

**Clonidine 0.1 #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Clonidine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 8. Decision based on Non-MTUS Citation 1. Official Disability Guidelines (ODG), Pain (Chronic), Clonidine, Intrathecal - 2. Epocrates Online.

**Decision rationale:** The injured worker sustained a work related injury on 7/01/2009. The medical records provided indicate the diagnosis of lumbar radiculopathy, status post lumbar fusion on 7/01/2009, chronic pain syndrome, lumbago, myofascial syndrome, status post right knee surgery x2, neuropathic pain, and chronic pain related insomnia. Treatment to date has included surgical intervention, diagnostics, and medications. The medical records provided for review do not indicate a medical necessity for Clonidine 0.1 #30. Clonidine is a second line antihypertensive also used as an adjunct for the treatment of severe cancer-related pain. The MTUS is silent on it, but the Official Disability Guidelines mentioned the intrathecal route of administration, only to recommend against it except if a short-term trial indicates pain relief in patients refractory to opioid monotherapy or opioids with local anesthetic. The records indicate the injured worker has been on this medication for about 4 months with no improvement in

pain. The MTUS recommends discontinuation of any treatment modality if later assessment indicates lack of benefit.