

Case Number:	CM13-0000997		
Date Assigned:	02/26/2014	Date of Injury:	06/15/1999
Decision Date:	04/14/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/08/2013

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:

This patient is a 56 year-old male with a date of injury of 06/15/1999. The listed diagnoses per [REDACTED] dated 06/12/2013 are: 1) Lumbar radiculopathy 2) Lumbar disc degeneration 3) Lumbar facet arthropathy 4) Lumbar failed surgery syndrome 5) Status post fusion (2002) 6) Chronic pain 7) History of pulmonary embolism According to report dated 06/12/2013 by [REDACTED], the patient presents with complaints of back and neck pain that radiates to the right upper extremity. The patient's pain level is 8-9/10 with medications and 9-10/10 without medications. Patient is status post MBB on 04/30/2013 which produced 50-80% overall improvement. Physical examination reveals reduced range of motion of the lumbar spine. Spinal cerebral tenderness was noted in the L4-S1 level with lumbar myofascial tenderness on palpation. Treatment recommendation is for refill of medications. Medical records indicate this patient has a long history of surgeries and opioid usage, including past morphine pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CLONIDINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 34-35, 38.

Decision rationale: This patient presents with complaints of back and neck pain that radiates to the right upper extremity. Treater is requesting Clonidine 0.1mg #60. In reference to Clonidine, MTUS discuss its intrathecal use. For oral use, page 38 states that it can be useful for secondary agents in treatment of CRPS. Clonidine can also be used for epidural sympathetic blockade. In this case, the treater is prescribing oral Clonidine for this patient's chronic low back and radiculopathy pains. MTUS guidelines do not support use of Clonidine for these diagnoses. Recommendation is for denial.

PRESCRIPTION OF CYCLOBENZAPRINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This patient presents with complaints of back and neck pain that radiates to the right upper extremity. Treater is requesting Clonazepam 0.5mg #90. The MTUS guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." This patient has been taking this medication since 09/05/2012. MTUS guidelines are very clear on long term use of Benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." Recommendation is for denial.

PRESCRIPTION OF CLONAZEPAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This patient presents with complaints of back and neck pain that radiates to the right upper extremity. Treater is requesting Clonazepam 0.5mg #90. The MTUS guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." This patient has been taking this medication since 09/05/2012. MTUS guidelines are very clear on long term use of Benzodiazepines and

recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence."
Recommendation is for denial.

PRESCRIPTION OF SALSALATE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with complaints of back and neck pain that radiates to the right upper extremity. Treater is requesting Salsalte 50mg. For anti-inflammatory medications, the MTUS Guidelines page 22 has the following: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted". Medical records show this patient has been taking this medication since 09/05/2012. MTUS page 60 requires documentation of pain assessment and functional improvement when medications are used for chronic pain. Progress report dated 09/05/2012 states patient receives "some benefits from medications." Report dated 06/12/2013 states patient pain level is decreased to 8-9/10 with medication and 9-10/10 without medications. It is not certain whether or not this particular medication is adding anything to this patient's overall pain improvement and functional gain. The treater does not specifically address whether or not Salsalate has made a difference. However, given MTUS support for NSAIDs as first line treatment for chronic back pain, recommendation is for authorization.

PRESCRIPTION OF MSO4 SULFATE ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Section Page(s): s 88-89. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, CRITERIA FOR USE OF OPIOIDS, 88-89

Decision rationale: This patient presents with complaints of back and neck pain that radiates to the right upper extremity. The treater is requesting MS04 Sulfate ER #90. For chronic opiate use, MTUS Guidelines page 88 to 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's, analgesia, ADLs, adverse side effects, adverse behavior are required. Furthermore, under outcome measure, it is also recommends documentation of chronic pain, average pain, least pain, time it takes for the medication to work, duration of pain relief with medication, etc. In a progress report dated 09/13/2012 the treater indicates the patient is on immediate release morphine sulfate 30mg 1-2 tablets every 4 hours. He suggests another inpatient detoxification for this patient. Medical records indicate this patient previously failed detox in 2005. Patient has been taking Morphine sulfate ER 100mg since 09/05/2012, possibly earlier, as this is the earliest report provided for review. Although the treater states the patient is receiving "some benefits from medications,"

there are no discussions on functional improvements, quality of life issues or changes in ADLs. Based on prior attempt at detox, it would appear chronic opiate use has not resulted in much improvement functionally and in terms of quality of life. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.