

Case Number:	CM13-0045887		
Date Assigned:	12/27/2013	Date of Injury:	07/04/1995
Decision Date:	03/10/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 47-year-old male with injury 07/04/1995. He is currently under the care of [REDACTED]. He has been permanent and stationary for many years, and sees [REDACTED] for medication management. The utilization decision of 10/28/2013 provided weaning quantities for oxycodone, clonidine, and Klonopin. The treatment in dispute is for full refills of all three medications. In other words, either the patient or the primary treating physician is unable or unwilling to undergo the weaning of these medications. One of the listed diagnoses is chronic opioid analgesic therapy. The patient reports that his pain without medications is 9/10. Using the numeric pain intensity scale, the patient reports his pain with medication use at 8/10. He currently takes oxycodone 5 mg one p.o. q.i.d., p.r.n. Klonopin 0.5 mg one p.o. q. day to t.i.d. p.r.n. anxiety, and clonidine 0.2 mg one p.o. q. day to b.i.d. p.r.n. withdrawals. [REDACTED] note of 10/31/2013, the patient stated that he was having severe low back pain. The pain was persistent and occurred in his lower back and legs as well as his neck and hands. The pain radiated to the left thigh and right thigh. Symptoms were relieved by heat, lying down, massage, pain meds/drugs and rest. The patient's diagnoses are: Neck pain, C2-C5 anterior cervical fusion, cervical spondylosis without myelopathy, L3-S1 level fusion, low back pain, myalgia and myositis, chronic opioid analgesic therapy, chronic pain due to trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #180: 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 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year.

Klonopin 5mg #30: 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 Page(s): 24.

Decision rationale: 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant.

Clonidine 2mg #60 with 2 refills: 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 Page(s): 36-37.

Decision rationale: The off-label use of oral clonidine is common for the treatment of alcohol and opiate withdrawal. Anecdotal evidence supports its use. Results of studies have been mixed, however. Currently, the FDA has approved the use of only intrathecal clonidine in combination with another opiate for intractable cancer pain. The use of oral clonidine is not supported by the Official Disability Guidelines. Recommended only after a short-term trial indicates pain relief in patients refractory to opioid monotherapy or opioids with local anesthetic. There is little evidence that this medication provides long-term pain relief (when used in combination with opioids approximately 80% of patients had < 24 months of pain relief) and no studies have investigated the neuromuscular, vascular or cardiovascular physiologic changes that can occur over long period of administration.