

Case Number:	CM14-0134397		
Date Assigned:	08/27/2014	Date of Injury:	05/14/2001
Decision Date:	09/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. 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:

The injured worker is a teacher with a date of injury of 5/14/01, when she fell at work. Accepted conditions associated with this injury include neck, upper back, lower back, bilateral hips and head injury. She is currently treated with multiple medications for this chronic pain condition. The treating physician has requested Motrin 800 mg #180, oxycodone 5 mg #180, and clonidine 0.1 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-83, 92.

Decision rationale: The MTUS notes that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion

with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. In this case the medical records reviewed do document attempts to treat her chronic pain with over-the-counter medications and various types of prescription medications. Recent exacerbations of pain have resulted in prescription for Oxycodone 5 mg #180. The utilization review indicated that the Oxycodone was ordered 1-2 tablets 3 times daily for acute exacerbations. The reviewer noted that 90 tabs would fulfill this usage. If a one month supply is to be provided, usage could be up to 6 tablets daily or 180 per month. For this reason the prior utilization review decision is reversed and the request for Oxycodone 5 mg #180 is medically necessary.

Motrin 800mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: Motrin (ibuprofen) is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. The utilization review noted that there is no evidence that the primary treating physician is monitoring for toxicity as recommended by the MTUS. They did approve the medication on a shorter duration, recommending documentation of appropriate monitoring and benefit from continued use of Motrin. The utilization review recommendations are appropriate in this case and the request for Motrin 800 mg #180, is not medically necessary.

Clonidine 0.1mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Guidelines, Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Clonidine, Intrathecal.

Decision rationale: The ODG guidelines recommend clonidine 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 and no studies have investigated the neuromuscular, vascular or cardiovascular physiologic changes that can occur

over long period of administration. Side effects include hypotension, and the medication should not be stopped abruptly due to the risk of rebound hypertension. The medication is FDA approved with an orphan drug intrathecal indication for cancer pain only. Clonidine is thought to act synergistically with opioids. Most studies on the use of this drug intrathecally for chronic non-malignant pain are limited to case reports. Clonidine is a direct-acting adrenergic agonist prescribed historically as an antihypertensive agent, but it has found new uses, including treatment of some types of neuropathic pain. Additional studies: One intermediate quality randomized controlled trial found that intrathecal Clonidine alone worked no better than placebo. It also found that Clonidine with morphine worked better than placebo or morphine or Clonidine alone. In this case the medical records reviewed indicated that Clonidine had been prescribed to help with pain and sleep. The primary care provider's treatment note on 6/4/14 indicated that Tylenol with Codeine was being prescribed, after trials of over-the-counter preparations and the combination of Neurontin and Clonidine had been insufficient to help with function. The medical records do not demonstrate a short-term trial with pain relief in a patient refractory to opioid monotherapy. With the trial of Clonidine not showing clinical efficacy the request for Clonidine 0.1mg #180 is not medically necessary and appropriate.