

Case Number:	CM14-0161709		
Date Assigned:	10/07/2014	Date of Injury:	02/13/2003
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 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:

Patient is a 60-year-old male who has submitted a claim for lumbago associated with an industrial injury date of 2/13/2003. Medical records from 2008 to 2014 were reviewed. Patient complained of low back pain described as aching and constant, radiating to the left lower extremity. Pain severity decreased from 7/10 into 3/10 upon intake of medications. No sedation was likewise reported. Patient was noted to be active and exercised regularly by walking. Patient however complained of sweating secondary to intake of medications. Physical examination of the lumbar spine showed tenderness and restricted motion. Motor strength and reflexes were intact. Blood pressure was recorded at 148/104 mmHg and pulse rate of 102 beats/min. Urine drug screen from 5/14/2014 showed consistent results with prescription medications. Clonidine was prescribed for sweating. Treatment to date has included lumbar discectomy, physical therapy, left knee arthroscopy, and medications such as OxyContin (since 2010), Restoril, Norco, Motrin, Soma, and Ativan. Utilization review from 9/22/2014 modified the requests for OxyContin 20 mg, #120 and OxyContin ER 40 mg, #120 into #51 and #88, respectively, for the purpose of weaning because of no specific functional improvement with medication use; and denied clonidine 0.1 mg, #30 with one refill because of no current evidence based guidelines recommending it for sweating secondary to pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #120: Overturned

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.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Oxycontin since 2010. Patient reports that pain severity decreased from 7/10 into 3/10 upon intake of medications. No sedation is likewise reported. Patient is noted to be active and is able to exercise regularly by walking. Furthermore, urine drug screen from 5/14/2014 shows consistent results with prescription medications. Guideline criteria for continuing opioid management have been met. Therefore, the request for Oxycontin 20mg #120 is medically necessary.

Oxycontin ER 40mg #120: Overturned

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.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Oxycontin since 2010. Patient reports that pain severity decreased from 7/10 into 3/10 upon intake of medications. No sedation is likewise reported. Patient is noted to be active and is able to exercise regularly by walking. Furthermore, urine drug screen from 5/14/2014 shows consistent results with prescription medications. Guideline criteria for continuing opioid management have been met. Therefore, the request for Oxycontin ER 40mg #120 is medically necessary.

Clonidine HCL 0.1mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Clonidine)

Decision rationale: The CA MTUS does not address oral administration of clonidine. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, clonidine tablets are indicated in the treatment of hypertension. In this case, there is no prior intake of clonidine. Blood pressure is recorded at 148/104 mmHg with a pulse rate of 102 beats/min. Although blood pressure is elevated, clonidine is prescribed for sweating secondary to oral medication intake, based on 8/27/2014 progress report. However, there is no further discussion concerning duration of time that sweating has developed and impaired activities secondary to its occurrence. The FDA also does not officially recommend clonidine for sweating. Lastly, the treating provider failed to provide evidence-based guideline for such. Therefore, the request for Clonidine HCL 0.1mg #30 is not medically necessary.