

Case Number:	CM15-0008355		
Date Assigned:	01/23/2015	Date of Injury:	05/06/1998
Decision Date:	03/12/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/14/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 05/06/1998. On provider visit dated 12/16/2014, the injured worker has reported constant pain in neck and right shoulder. On examination she was noted to have right shoulder tenderness over the subacromion area with a limited range of motion, neck was noted to have a limited range in all planes. The diagnoses have included status post arthroscopic repair of rotator cuff tear tendon with a total of three revisions with ongoing right shoulder pain, cervical disc herniation at C5-C6 with cervical sprain/strain injury. Treatment plan included refills of current medication. On 01/02/2015 Utilization Review modified Norco 7.5/325mg #90 and Clonidine 0.1mg #30. The injured worker also utilizes methadone 5 mg at bedtime for pain. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited. Specifically, the treating provider documented 50% reductions in pain and 50% improvement in functionality. However, no specific functional improvement measures were utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions, Opioids Page(s): 1, 74-96. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Those prescribed opioids should have ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Medical treatment is care which is reasonably required to cure or relieve the employee from the effects of the industrial injury consistent with the requirements of sections 9792.20-9792.26 Per the Official Disability Guidelines the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. (California, 2007) For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. (Cowan, 2008) In this instance, the injured worker is said to have improvement of 50% in functionality but there are no specific examples given in terms of activity tolerance with and without medication or as compared to baseline. An increase in active interventions does not appear to be documented. Consequently, the requirements of continued opioid use have not been satisfied. Therefore, Norco 7.5/325mg #90 is not medically necessary in view of the documentation provided and with reference to the cited guidelines.

Clonidine 0.1mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Pharmacologic Therapies for Complex Regional Pain Syndrome Sean Mackey, MD, PhD, and Steven Feinberg, MD, MPH

Decision rationale: Alpha-adrenergic antagonists (eg, phentolamine, phenoxybenzamine, clonidine, and reserpine) have been used clinically for the treatment of CRPS without good evidence from prospective randomized trials. The rationale for their use is the recognized role of the sympathetic nervous system in CRPS and the theory that blockade will provide pain relief. Oral clonidine has not demonstrated significant efficacy in neuropathic pain and is challenging to use because of its side effect profile. It is more widely used as an intrathecal agent. There is no recommendation for its use as 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. 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. (Ackerman, 2003) Clonidine (Catapres) 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. In this instance, the prescribed form of clonidine has been oral. The cited references do not support the use of oral clonidine for pain. Therefore, Clonidine 0.1mg #30 is not medically necessary.