

Case Number:	CM15-0123014		
Date Assigned:	07/07/2015	Date of Injury:	11/03/2006
Decision Date:	08/07/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old male, who sustained an industrial injury on 11/3/06. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar facet arthropathy, lumbar radiculitis, anxiety, and depression. Treatment to date has included medications, activity modifications, diagnostics, transcutaneous electrical nerve stimulation (TENS), surgery and physical therapy. Currently, as per the physician progress note dated 5/19/15, the injured worker complains of neck pain that radiates down the bilateral upper extremities to the hands, low back pain that radiates down n the bilateral lower extremities to the feet and bilateral hand and shoulder pain. He also reports anxiety and insomnia associated with the ongoing pain. The pain is rated 6/10 with medications and 10/10 without medications and the pain is reported to be worse since the last visit. The current medications included Doxepin, Lidocaine patch, Omeprazole, and Tramadol. The urine drug screen dated 3/24/15 was inconsistent with the medications prescribed. The lumbar exam reveals spasm, tenderness, limited lumbar range of motion and pain is increased with flexion and extension, and facet signs were present in the lumbar spine. There is tenderness noted with palpation at the bilateral acromioclavicular joint (AC). The injured worker was given a Toradol pain injection with good pain relief. The physician requested treatments included Tramadol 50 mg quantity of 60 and Clonidine 0.1 mg quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. In light of the above, the currently requested tramadol is medically necessary.

Clonidine 0.1 mg Qty 90: 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, Hypertension treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/000949.htm>.

Decision rationale: Regarding the request for clonidine, the provider notes that it is being used as necessary for withdrawal symptoms. CA MTUS and ODG do not address the issue. The National Library of Medicine cites that clonidine, when used to treat opiate withdrawal, primarily reduces anxiety, agitation, muscle aches, sweating, runny nose, and cramping. Within the documentation available for review, while it appears that the patient's suboxone is slowly being weaned, the current prescription was apparently for the same dosage as previously written. The patient's other opioid was also being utilized at the same dosage and no recent symptoms of withdrawal were noted. In light of the above issues, the currently requested clonidine is not medically necessary.