

Case Number:	CM15-0178833		
Date Assigned:	09/21/2015	Date of Injury:	08/26/1992
Decision Date:	10/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

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 69 year old female, who sustained an industrial injury on August 26, 1992. The injured worker was diagnosed as having ankle and foot joint pain and continuous opioid dependence. Treatment and diagnostic studies to date has included gym membership, medication regimen, brace to the right side, and status post back surgery. In a progress note dated August 20, 2015 the treating physician reports foot drop to the right foot. On August 20, 2015 the injured worker's current medication regimen included Clonidine HCl, Cymbalta, Lidoderm, Lunesta, Seroquel, Tegretol XR, Polyethylene Glycol, Align, and Meloxicam that was documented as part of the injured worker's medication regimen since at least February 25, 2014. The treating physician noted that the injured worker has "benefit" with the use of her medication regimen, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. On August 20, 2015 the treating physician requested the medications of Clonidine Hydrochloride 0.1mg quantity 60 with four refills and Lidoderm (Lidocaine Hydrochloride) 5% adhesive patch quantity 30 with four refills noting current use of these medications. On September 02, 2015 the Utilization Review denied the requests for the medications of Clonidine Hydrochloride 0.1mg quantity 60 with four refills and Lidoderm (Lidocaine Hydrochloride) 5% adhesive patch quantity 30 with four refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine Hydrochloride 0.1mg quantity 60 with four refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), weaning, opioids and Other Medical Treatment Guidelines James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014; 311 (5):507-520.

Decision rationale: The claimant has a remote history of a work injury in August 1992 and is being treated for chronic pain. When seen, she was having difficulty with a right AFO. A gym membership had been approved. Medications were being used appropriately. Physical examination recorded were vital signs with a blood pressure of 162/99 and pulse of 120. Pain was rated at 6/10. Diagnoses were ankle and foot joint pain and opioid dependence. In this case, there is no clear indication for the ongoing prescribing of Clonidine. Opioid medications have not been prescribed or are being weaned and there would be no treatment needed for withdrawal symptoms. If being used for hypertension, guidelines recommend consideration of medications for the treatment of hypertension after lifestyle modifications such as diet and exercise are unsuccessful. If antihypertensive medication is then indicated, guidelines recommend that the initial antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker, angiotensin-converting enzyme inhibitor, or angiotensin receptor blocker. Ongoing prescribing of Clonidine is not medically necessary.

Lidoderm (Lidocaine Hydrochloride) 5% adhesive patch quantity 30 with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Lidoderm (lidocaine patch).

Decision rationale: The claimant has a remote history of a work injury in August 1992 and is being treated for chronic pain. When seen, she was having difficulty with a right AFO. A gym membership had been approved. Medications were being used appropriately. Physical examination recorded were vital signs with a blood pressure of 162/99 and pulse of 120. Pain was rated at 6/10. Diagnoses were ankle and foot joint pain and opioid dependence. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.