

Case Number:	CM15-0063026		
Date Assigned:	04/08/2015	Date of Injury:	04/14/2013
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 30 year old male, who sustained an industrial/work injury on 4/14/13. He reported initial complaints of right wrist and hand pain. The injured worker was diagnosed as having right upper extremity complex regional pain syndrome, possible right scapholunate ligament injury, s/p right tenosynovectomy with stabilization. Treatment to date has included topical and oral medication, diagnostics, and nerve blocks. Electro-conduction study was reported on 2/18/15. Bone scan of wrist was done on 2/23/15. Currently, the injured worker complains of ongoing pain, numbness and tingling, stiffness and swelling of the right hand due to complex regional pain syndrome (CRPS). Per the primary physician's progress report (PR-2) from 2/26/15, there was full range of motion of the cervical spine, normal bulk and tone on the bilateral upper extremity. There was full range of motion and strength and strength on bilateral shoulder, elbow, left wrist, and left hand. On the right wrist, range of motion was decreased 75% in all planes. Right fingers were held in a claw position and had minimal flexion or extension of fingers. There was edema on the right hand and fingers. The requested treatments include Clonidine transdermal patch and Tizanidine tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONIDINE 0.1MG/24 HOUR TRANSDERMAL PATCH 1 PATCH/WEEK #4:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS treatment, Clonidine Intrathecal Page(s): 34-35, 38.

Decision rationale: The MTUs and ODG guidelines are silent on the use of Clonidine patch. California MTUS Guidelines indicate 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 historically prescribed as an antihypertensive agent, but has also found new uses including treatment of some types of neuropathic pain. For the treatment of CRPS, the MTUS states: Stimulus-independent pain: The use of antidepressants, anticonvulsants, and opioids has been primarily extrapolated based on use for other neuropathic pain disorders. (See Antidepressants for chronic pain; Anticonvulsants for chronic pain; & Opioids for neuropathic pain.) Mexiletine, lidocaine patches and capsaicin are used but efficacy is not convincing. For central inhibition opiates, gabapentin, TCAs, GABA-enhancing drugs, and clonidine may be useful. I respectfully disagree with the UR physician's assertion that the guidelines do not support Clonidine in the treatment of CRPS, per the citation above it is noted that it may be useful. The documentation submitted for review indicates that the injured worker had ongoing pain, numbness and tingling, stiffness and swelling of the right hand, fingers, and wrist and was diagnosed with right upper extremity CRPS. The documentation submitted for review noted that the injured worker stated that the Clonidine patch "loosens up" his right hand and wrist with no side effects. As the requested medication is beneficial to the injured worker, the request is medically necessary.

TIZANIDINE 4MG 1 TAB PO AT BEDTIME PRN FOR SPASM #30: Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The documentation submitted for review indicates that Tizanidine is prescribed for the injured worker's muscle cramping and spasms secondary to CRPS. The UR physician has certified this request. The request is medically necessary.

