

Case Number:	CM15-0065005		
Date Assigned:	04/13/2015	Date of Injury:	06/27/2007
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: North Carolina, Georgia
 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:

This 48 year old male sustained an industrial injury to the right shoulder and ankle on 6/27/07. The injured worker later developed abdominal pain as well as right groin, left shoulder and back pain. Previous treatment included magnetic resonance imaging, open reduction internal fixation right calcaneus fracture, physical therapy, chiropractic therapy, epidural steroid injections, psychiatric care, home exercise and medications. In a visit note dated 3/13/15, the injured worker complained of ongoing right shoulder, ankle low back and groin pain rated 7-8/10 on the visual analog scale. The injured worker reported mistakenly taking buprenorphine last month. The physician advised the injured worker to destroy all old medications from other physicians. The injured worker had a recent tibia fracture due to a fall and had been unable to participate in physical therapy. The injured worker was now ready to resume physical therapy. Current diagnoses included chronic pain syndrome, drug dependence not otherwise specified, other pain disorder related to psychological factors, thoracic spine pain and shoulder pain. The treatment plan included completing physical therapy twice a week for four weeks and medications (Opana, Clonidine, Oxymorphone Hcl, Norco, Klonopin, Seroquel and Sumatriptan). The physician noted that Oxymorphone ER 40 mg twice a day represented a significant taper of medications. The injured worker was motivated to taper but had significant side effects of withdrawal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1mg with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1,2, and Gestational), Clonidine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date, Medically supervised opioid withdrawal during treatment for addiction Michael F Weaver, MD and John A Hopper, MD, last updated 2/4/14.

Decision rationale: CA MTUS is silent on the use of clonidine. ODG addresses only the use of clonidine as an antihypertensive agent. Additional sources demonstrate that clonidine is used to reduce opioid withdrawal symptoms in those on low doses of opioids. In this case, there are well documented opioid withdrawal symptoms for which clonidine is medically indicated.

Oxymorphone HCL ER 40mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case describes a taper of oxymorphone 40 mg which has been undertaken as no benefit was seen with the medication. The original UR review modified the request to one fill with no refill to facilitate the weaning process; 2 refills would be unnecessary in the weaning process. The record does not support medical necessity of oxymorphone 40 mg with 2 refills and the original UR decision is upheld.

Norco 10/325mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need

for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case states that the Norco is to be used for a one week bridge during the weaning process. There is no medical indicate for Norco 10/325 with 2 refills to be used as a one week bridge, therefore, the record does not support medical necessity of Norco.