

<b>Case Number:</b>	CM15-0066134		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	02/12/2002
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, California  
 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 is a 52 year old male patient, who sustained an industrial injury, February 12, 2002. He sustained the injury due to lifting. The diagnoses include chronic low back pain, status post lumbar fusion, failed back surgery syndrome, lumbar radiculopathy and myofascial pain. According to progress note of March 20, 2015, he had chief complaints of constant achy, stabbing, mid back and low back pain with radiation of the pain down the right lower extremity affecting the posterior thigh, posterior leg and ankle. He stated "the pain medication was helping the pain and improve functional ability". He had the pain without pain medication at 9-10 out of 10 and with pain medications 3-4 out of 10; 0 being no pain and 10 being the worse pain. The physical examination revealed tenderness with palpation over the bilateral thoracolumbar paraspinal muscles, pain with range of motion of the thoracolumbar spine in both flexion and extension, ambulated with a cane. The medications list includes gabapentin, percocet, Clonidine Patches and Duragesic Patches. He was started on clonidine since 7/25/2014. He has undergone lumbar fusion on 9/29/2008. He has had physical therapy, acupuncture, chiropractic care, TENS and psychology treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonidine Patch 0.1mg #4:** 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), Pain - Weaning, Opioids (specific guidelines).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 34 Clonidine, Intrathecal Chapter: Pain (updated 04/30/15) Weaning, opioids (specific guidelines).

**Decision rationale:** Clonidine Patch 0.1mg #4. Per the cited guidelines "Clonidine can relieve many opioid withdrawal symptoms (an off-label treatment) as long as there are no contraindications to use." Clonidine is often maintained for 2-3 days after cessation of opioids and tapered over 5-10 days. Patient was on multiple narcotics. Clonidine is medically appropriate and necessary to relieve withdrawal symptoms. Therefore, the request for Clonidine Patch 0.1mg #4 is medically necessary and appropriate in this patient.

**Duragesic Patches 50mcg, #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page 76-80.

**Decision rationale:** Duragesic Patches 50mcg, #15. According to MTUS guidelines Fentanyl "is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." According to MTUS guidelines, Fentanyl is "not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." In addition, according to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids for chronic pain is not specified in the records provided. A recent urine drug screen

report is not specified in the records provided. Duragesic Patches 50mcg, #15 are not medically necessary for this patient.