MAXIMUS Federal Services

Case Number:	CM14-0147800		
Date Assigned:	09/15/2014	Date of Injury:	11/08/2013
Decision Date:	10/22/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who reported an injury on 10/29/2013. The mechanism of injury was unknown. The injured worker's diagnoses were cauda equina syndrome, left lumbar radiculopathy, neuropathic pain, narcotic dependency, and chronic pain syndrome. Past medical treatment included medications, facet joint injections, and physical therapy. Diagnostic testing included an EMG/NCS was done on 07/30/2014. The injured worker complained of low back pain radiating down the left leg on 07/14/2014. The injured worker rated his pain 7/10 and described the pain as shooting, with sensations of pressure and numbness. The injured worker ambulated with a single point cane. The range of motion in the low back was limited with pain. There was noticeable atrophy of the left thigh as compared to the right. The physician's appeal letter dated 08/22/2014, noted the injured worker had a lumbar spine injury which resulted in cauda equina syndrome status post lumbar surgery. The injured worker had continued low back pain, left knee pain, right neck pain, and right shoulder pain with radiation of pain to the right hand with numbness. The physician noted Neurontin helped reduce the injured worker's pain and allowed him to continue to wean opiates. The physician noted the injured worker had withdrawal symptoms upon running out of opiate medication and Clonidine was being used to treat the withdrawal symptoms including tremors and racing heart. Medications included Norco 10/325 mg, Cymbalta 30 mg, Neurontin 300 mg, and Relafen 500 mg. The treatment plan was for Neurontin 300 mg #270 and Clonidine 0.1 mg #30. The provider recommended Clonidine 0.1 mg 1 by mouth daily to treat withdrawal symptoms including racing heart and tremors, when the injured worker runs out of Norco. The request for authorization was submitted on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: The injured worker complained of low back pain radiating down the left leg on 07/14/2014. The California MTUS guidelines state anti-epilepsy drugs such as Neurontin are recommended for neuropathic pain. A "good" response to the use of AEDs (anti epilepsy drugs) has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is lack of documentation demonstrating significant reduction of pain with Neurontin. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Neurontin 300mg #270 is not medically necessary.

Clonidine 0.1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual (http://www.merckmanuals.com)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Weaning, opioids (specific guidelines).

Decision rationale: The injured worker was diagnosed with chronic pain, narcotic dependency and hypertension. The Official Disability Guidelines (ODG) note Clonidine can relieve many opioid withdrawal symptoms (an off-label treatment) as long as there are no contraindications to use. Dose is generally 0.1-0.2 3-4 timed daily as long as blood pressure is over 90 mm Hg systolic and there is no sedation or bradycardia. Clonidine is often maintained for 2-3 days after cessation of opioids and tapered over 5-10 days. The provider recommended Clonidine 0.1 mg 1 by mouth daily to treat withdrawal symptoms including racing heart and tremors, when the injured worker runs out of Norco. There is a lack of documentation which indicates how long the injured worker has been prescribed Clonidine. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Clonidine 0.1mg #30 is not medically necessary.