

Case Number:	CM14-0141176		
Date Assigned:	09/10/2014	Date of Injury:	10/12/2012
Decision Date:	10/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 52 year old female presenting with chronic pain following a work related injury on 10/12/2012. The claimant complained of low back pain and right leg pain. Cervical MRI on 03/13/2014 showed degenerative changes of the spine with prominent disk bulges resulting in multilevel high grade spinal stenosis worst at C2-3, mild neural foraminal stenosis at C4-5 bilaterally and C5-6 on the left, post cervical changes of laminectomy from T7 to T9 moderate soft tissue edema, focal lesion within the central thoracic spinal cord at T8-9, T7-8 and T8-9 bulges effacing the anterior CSF. On 04/02/2014, the claimant had placement of spinal cord stimulator. The claimant was diagnosed with chronic pain syndrome, history of spinal cord stimulation with paddle leads, removed and replaced with percutaneous leads, lower extremity pain, radiculopathy, severe cervical spinal stenosis. The claimant's medications included Butrans Patch, Clonidine and Oxycodone. A claim was made for Clonidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONIDINE 0.1 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, CRPS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Treatment, Page(s): 34-35 41.

Decision rationale: Clonidine 0.1 mg is not medically necessary. Per CA MTUS guidelines, Clonidine is thought to act synergistically with opioids. Most studies on the use of Clonidine intrathecally for chronic non-malignant pain are limited to case reports. Clonidine is direct-acting, adrenergic agonist historically prescribed as an anti-hypertensive agent, but has also found new uses including treatment of some types of neuropathic pain. Guidelines further recommend that clonidine has been given transdermally and epidurally for treatment of CRPS. The medical records does not indicate that the claimant is using Clonidine transdermally or epidurally as well as using it to wean off opioids or being treated for complex regional pain syndrome; therefore, the requested medication is not medically necessary.