

Case Number:	CM14-0145872		
Date Assigned:	09/12/2014	Date of Injury:	02/11/2011
Decision Date:	10/22/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This 57 year old patient had a date of injury on 2/11/2011. The mechanism of injury was when he was cleaning 6-inch diameter rebar, striking this bar with a hammer on a repetitive basis. He was performing other activities such as heavy lifting and carrying, pushing and pulling. In a progress noted dated 5/21/2014, the patient complains of right shoulder pain at 10/10 severity with right elbow and wrist pain also of 10/10 severity. On a physical exam dated 5/21/2014, there was moderate tenderness and spasms on palpation on cervical spine. The shoulder is remarkable for moderate tenderness, dermatographia and spasticity over the right T1-T6 levels with flexion, rotation and side bending strain. The diagnostic impression shows right bicipital labral tear, right radial neuritis, right subscapularis and supraspinatus injury, and severe glenohumeral degenerative joint disease. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 8/19/2014 denied the request for clonidine .1mg patch q week, stating that given the patient has not had adequate trials of first line oral adjuvants for chronic pain, the medical necessity for this medication has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1 mg patch Q week #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Diabetes Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.medscape.com/viewarticle/409782_5

Decision rationale: CA MTUS and ODG do not address this issue. A search of online resources found the article "Adjuvant agents in the management of chronic pain" which states that clonidine blocks the action of norepinephrine on a receptor that can become active in neuropathic pain. However, in the documentation provided, there was no failure of a 1st line oral analgesic such as Gabapentin or Lyrica. Therefore, the request for Clonidine patch is not medically necessary.