MAXIMUS Federal Services

Case Number:	CM14-0150455		
Date Assigned:	09/18/2014	Date of Injury:	02/24/1994
Decision Date:	10/16/2014	UR Denial Date:	08/29/2014
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 Family 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:

The patient is a 55 year old female with a date of injury dated 2/24/14. Her diagnoses include failed back surgery syndrome with chronic low back pain with radicular symptoms into the left lower extremity, intractable pain, moderate to severe depression, situational stress, SI joint dysfunction, insomnia and GERD. She was evaluated on 8/6/14 for follow up and medication refill. Her blood pressure was 121/76. Plan was to discontinue Percocet, start Nucynta, refill Fentanyl Patch, start Prilosec 40 mg, re-request psychotherapy, and re-request IT morphine trial. UR dated 8/29/14 reviewed the 8/6/14 report and a prescription for Clonidine dated 8/13/14. The prior peer reviewer noted that there is no guideline support for use of oral Clonidine except as antihypertensive. The prior peer reviewer also noted that intrathecal or topical Clonidine is mentioned in MTUS for CRPS pain treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine HCL 0.1mg tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a682243.htmlAdjunctive Agents in the Management of Chronic Pain David R. P. Guay, PharmD, FCP, FCCP, FASCP Pharmacotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/clonidine.html

Decision rationale: Oral Clonidine is used to treat hypertension. However, in this case hypertension is not noted as a diagnosis in the medical records submitted for review. Furthermore, the patient's blood pressure on the examination report is within normal limits and there is no indication that the patient is on any hypertensive medication. For these reasons, the request for Clonidine is not medically necessary.