

Case Number:	CM14-0075155		
Date Assigned:	07/16/2014	Date of Injury:	11/30/2004
Decision Date:	11/10/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/22/2014

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. 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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old man sustained an industrial injury on 11-30-2004. Evaluations include right knee MRI dated 11-22-2013, lumbar spine MRI dated 12-8-2011, lumbar spine CT dated 6-5-2009, and lumbar provocative discography dated 1-12-2006. Diagnoses include status post lumbar surgery, right lower extremity radiculopathy, reactionary depression and anxiety, medication induced gastritis, spinal cord stimulator placement and removal, and right knee sprain. Treatment has included oral medications including MS Contin, Norco, and intermittent Oxycontin, steroid injections to the right knee, psychological treatment, use of a cane, and lumbar epidural steroid injections. It is noted that the worker has been on this medication regimen which has maintained his stability for years, per the physician. Physician notes dated 4-18-2014 show complaints of increased low back pain rated 8 out of 10 with radiation to the bilateral lower extremities and right knee pain. The physical examination shows an antalgic gait that favors the left lower extremity with obvious foot drop, tenderness notes to the cervical spine on palpation, numerous trigger points throughout the lumbar paraspinal muscles, and muscle guarding with gentle range of motion. Lumbar spine range of motion was decreased throughout with flexion 45 degrees, extension 15 degrees, and bilateral bending 20 degrees, deep tendon reflexes of the patella and Achilles tendons are 2+ bilaterally, and bilateral lower extremity motor testing showed 4-4+ out of 5 in the knees, ankles, and great toe extension. The sensory examination was diminished along the posterolateral thigh and calf bilaterally in the L5-S1 distributions with Wartenburg's pinwheel and straight leg raise is the modified sitting position is positive at 65 degrees. A maculopapular rash of the trunk and bilateral lower extremities was

noted. Right knee tenderness was noted to the medial lateral joint line with soft tissue swelling, crepitus with range of motion, negative collateral laxity and anterior and posterior Drawer's sign, and positive McMurray's sign on the right. Recommendations include epidural steroid injection, decrease MS Contin, Norco, FexMid, Zofran, Clonidine, continue with urology, trigger point injections administered during this visit, orthopedic surgery consultation, Synvisc injections to the right knee, and follow up in one month. Utilization Review denied a request for Clonidine on 5-9-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Clonidine 1mg daily, for symptoms related to cervical spine, lumbar spine and right knee injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics 12th edition, McGraw Hill; 2006 Physician's Desk Reference 68th edition; www.rxlist.com; www.odg-twc.com/odgtwc/formulary.htm; www.onlineepocrates.com; www.empr.com; www.agencymeddirectors.wa.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Clonidine.

Decision rationale: This claimant was injured in 2004. The patient was status post lumbar surgery, right lower extremity radiculopathy, reactionary depression and anxiety, medicine induced gastritis, and SCS placement and removal. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Per the Physician Desk Reference, Clonidine is used for severe cancer-related pain as an adjunct treatment. It's use in injury or musculoskeletal pain is not noted. It can also be used with hypertension. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. The objective functional benefit out of the use of the medicine is not clear. The request is not medically necessary.