

Case Number:	CM13-0012463		
Date Assigned:	10/17/2013	Date of Injury:	12/29/2010
Decision Date:	08/06/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/14/2013

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:

The patient is a 52 year-old female with date of injury 12/30/2010. The most recent medical document associated with the request for authorization, a secondary treating physician's progress report, dated 06/13/2014, lists subjective complaints as pain in the low back and right wrist and right hip. The patient's blood pressure continues to be uncontrolled. She is on several oral antihypertensives. Objective findings include BP 167/121. An examination of the lumbar spine, right wrist and right hip revealed no bruising swelling, atrophy or lesion present. Diagnosis are lumbar musculoligamentous injury, lumbar radiculopathy, lumbar strain/sprain, right carpal sprain/strain, right carpal tunnel syndrome, right wrist strain/sprain, right hip strain/sprain, anxiety and depression. No medical records were provided for review which documented the patient has been taking the following medications further back than the request for authorization on 06/13/2014. The requesting provider appears to be prescribing transdermal Clonidine in an effort to control the patient's blood pressure through a different route of administration.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONIDINE TTS patch #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Website, Transthoracic Echocardiogram.

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: Manufacturer's packaging insert: Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT 06877 USA, Catapres-TTS[®].

Decision rationale: CATAPRES-TTS (Clonidine) is a transdermal system providing continuous systemic delivery of Clonidine for 7 days at an approximately constant rate. Catapres-TTS transdermal therapeutic system is indicated in the treatment of hypertension. It may be employed alone or concomitantly with other antihypertensive agents. There are no other specific indications for transdermal Clonidine other than that listed above. The medical records provided fail to explain as to why a transdermal delivery system is necessary, as opposed to oral administration. Therefore the request is not medically necessary.