

Case Number:	CM13-0040386		
Date Assigned:	05/23/2014	Date of Injury:	08/19/2011
Decision Date:	07/11/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/09/2013

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 Internal 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 injured worker is a 42-year-old male who reported an injury on 08/19/2011. The mechanism of injury is not provided. A progress report dated 09/05/2013 indicated the injured worker recently had an epidural. The injured worker reported that after the epidural, all of his symptoms on the left side and right side had worsened. He also reported that he still had mid back pain. The assessment stated chronic intractable bilateral lower extremity pain. Specifically, had right leg pain, which radiated to the posterior buttock, thigh, and calf, then down to the right ankle. In addition pain was intermittent in left buttock area and it reportedly radiated to the testicle. The assessment indicated right L4-5 large disc herniation most likely the cause of the right leg pain. There was an indication of left buttock pain most likely L5-S1 nerve root related. The injured worker was status post right L4-5 laminectomy/discectomy as well as L5-S1 laminectomy/discectomy. The treatment plan included monitoring the injured worker's pain post epidural injection. The injured worker was encouraged to do physical therapy on his own. The progress note does not indicate any other pertinent clinical information. Upon review of the documents submitted, it is noted that the injured worker has had prior treatment of physical therapy and medication. The documentation does not indicate any efficacy of these treatments. The request for authorization for medical treatment was not provided within the documentation. The rationale for the request of Clonidine hydrochloride 100% #60 is also not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONIDINE HYDROCHLORIDE 100% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CPRS, medications Page(s): 38.

Decision rationale: The request for Clonidine Hydrochloride 100% #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Clonidine may be useful for stimulus independent pain. However, the progress note does not provide an adequate assessment of the injured worker's pain. The decision for Clonidine Hydrochloride 100% #60 does not indicate a dosage or a frequency. Therefore, the request for Clonidine Hydrochloride 100% #60 is not medically necessary.