

Case Number:	CM13-0066025		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2002
Decision Date:	04/21/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 physician 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 45-year-old male who reported an injury on 09/10/2002. The mechanism of injury was noted to be a motor vehicle accident. The patient's diagnoses include chronic low back pain with radiation into his legs, failed back syndrome, postlaminectomy syndrome, status post L5-S1 fusion, right carpal tunnel syndrome, moderate depression, and persistent opioid dependency. The patient's symptoms are noted to include significant low back pain, as well as withdrawal symptoms. A 09/12/2013 progress note indicates that the patient had been treated with a spinal cord stimulator, and a process had been in place to wean him off his opioid medications for the past year. The patient's medications were noted to include Nucynta and methadone, both of which were being weaned gradually. He was also noted to have been prescribed clonidine and Xanax to be used as needed for withdrawal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR) and National Library of Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Weaning, opioids (specific guidelines)

Decision rationale: According to the Official Disability Guidelines (ODG), use of clonidine can relieve many opioid withdrawal symptoms, as long as there are no contraindications to use. The guidelines further state that the dosing may be 0.1 to 0.2 mg 3 to 4 times per day, as long as the patient's blood pressure remains over 90 mmHg systolic, and there is no sedation or bradycardia. The guidelines further state clonidine is often maintained for 2 to 3 days after cessation of opioids, and tapered over 5 to 10 days. The clinical information submitted for review indicates that the patient was being gradually weaned off his medications and was prescribed clonidine to control withdrawal symptoms. However, the documentation does not provide details regarding any adverse effects of clonidine. The clinical notes provided failed to provide any documentation details regarding the patient's use of clonidine, including the dose and frequency for which he needs the medication, and any side effects such as decreased blood pressure, sedation, or bradycardia. Additionally, his most recent progress note provided indicates that the weaning process was to be placed on hold until the patient's spinal cord stimulator could be revised. Therefore, it is unknown whether the patient would require continued use of clonidine. In the absence of further details regarding the request, the patient's use of the medication, and any side effects with use, the request is not supported. As such, the request is non-certified.