

Case Number:	CM13-0069869		
Date Assigned:	01/03/2014	Date of Injury:	01/25/2005
Decision Date:	04/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 31-year-old male who reported an injury on 1/25/05. The patient was diagnosed with spasmodic torticollis, lesion of sciatic nerve, and cervicalgia. The patient reported that Opana does help a lot, but the relief window is only 2-4 hours. The patient was reported to have sleep issues and anxiety. The patient reported that he was getting better, and getting off of the medication. The patient reported he was doing about 12 per day and started Oxytocin nasal spray. The patient reported he takes Oxytocin nasal spray once a day. The patient reported that the stress has been horrible. The patient reported he has panic attacks at night. The patient's blood pressure was reported at 175/92.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 CLONIDINE 0.1MG, 1 BY MOUTH TWICE A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM does not address the request. The Official Disability Guidelines state that Clonidine is recommended as a second line treatment for

hypertension. The patient had elevated blood pressure; however, the documentation does not show evidence of a first line treatment trial for hypertension. Given the lack of documentation to support guideline criteria, the request is non-certified.

7CC OF OXYTOCIN NS, 1 SPRAY IN NOSTRIL TWICE A DAY FOR 5 DAYS, THEN 2 DAYS OFF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: The California MTUS/ACOEM and the Official Disability Guidelines do not address this request. Drugs.com states that Oxytocin nasal solution is used for lactation. The clinical documentation submitted for review does not support the use of Oxytocin nasal solution. Given the lack of documentation to support the criteria, the request is non-certified.