

Case Number:	CM14-0128865		
Date Assigned:	09/22/2014	Date of Injury:	12/21/2007
Decision Date:	11/12/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 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 60 year old male who was injured on 12/21/2007. The diagnoses are neck, low back and right arm pain. The past surgery history is significant for L5-S1 fusion in 2008 and revision in 2011. The records provided indicated that the last detailed progress not was from 2012 and 2013. The prescriptions dated 7/3/2014 was not accompanied by any clinic evaluation notes. A past record from [REDACTED] noted that the final orthopedic note from 2012 showed that the patient was not utilizing any prescription medication. The available records showed that the patient is receiving prescription for clonidine, Soma, Valium and Norco with refills to last for 6-9 months. A Utilization Review determination was rendered on 7/17/2014 recommending non-certification for clonidine 0.1mg #270 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1 #270 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS did not address the use of clonidine for the treatment of chronic pain. The ODG guidelines recommends that clonidine can be utilized in intrathecal pumps and orally for the management of opioid withdrawal symptoms. The records did not show the indication for the utilization of the clonidine. There is no detailed evaluation report within the past 6 months. The MTUS and ODG guidelines recommend that patients should be routinely evaluated in the clinic for medication efficacy, functional restoration and adverse medication effects. The criteria for the use of clonidine 0.1mg #270 3 refills was not met.