

<b>Case Number:</b>	CM14-0130440		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine & Rehabilitation 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 52-year-old female who reported injury on 09/10/1996. The mechanism of injury was not provided. The injured worker's diagnoses included severe complex regional pain syndrome and severe left carpal tunnel syndrome. The injured worker's past treatments included medications, a home exercise program, and spinal cord stimulator. On the clinical note dated 08/28/2014, the injured worker complained of pain rated 7/10 with medicine and 10/10 without medicine. The injured worker stated she sweats like crazy all the time, not sleeping very much, may be 1.5 hours, in pain and wide awake. Current pain rated 8/10. The injured worker had pale looking skin and was tender all over. The injured worker's medications included Butrans 20 mcg per hour, Opana IR 10 mg, Vyvanse 50 mg twice a day; Zoloft 50 mg twice a day; Robaxin 750 mg twice a day. The request was for clonidine 0.1 mg #90. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonidine 0.1mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, Intrathecal.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CLONIDINE Page(s): 34.

**Decision rationale:** The injured worker was diagnosed with CRPS and severe end stage left carpal tunnel release. The injured worker complains of pain currently 8/10. The California MTUS Guidelines recommend clonidine only after a short term trial indicates pain relief in patients who are refractory to opioid monotherapy or opioids with local anesthetics. There is little evidence that this medication provides long term pain relief; when used in combination with opioids, approximately 80% of the patients had less than 24 months of pain relief and no studies have investigated the neuromuscular, vascular, or cardiovascular physiologic changes that can occur over a long period of administration. The request does not indicate the rationale for the medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation that indicates the injured worker has decreased functional deficits. There is a lack of documentation of the efficacy of the medication regimen, the time frame of efficacy, the efficacy of functional status that the medication provides, and the pain rating. Additionally, the request does not indicate the frequency of the medication. As such, the request for clonidine 0.1 mg #90 is not medically necessary.