

Case Number:	CM14-0130582		
Date Assigned:	08/20/2014	Date of Injury:	09/15/1999
Decision Date:	09/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery 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 60-year-old male who was reportedly injured on 1/24/1998. The mechanism of injury was not listed. The most recent progress note dated 5/19/2014, indicated that there were ongoing complaints of neck, low back and left knee pain. Physical examination demonstrated tenderness to the cervical/lumbar and trapezius musculature, cervical spine range of motion: Flexion 30°, extension 20°, rotation 20°. Motor strength, reflexes and sensation grossly intact in all extremities. Coordination and balance intact. Mildly positive head compression sign. Lumbar spine range motion: Flexion 20°, extension/tilt 15°. Mild sacroiliac joint symptomatology. Patellar tracking abnormal. Patellar grind maneuver positive. Tenderness over medial/lateral knee with mild effusion. Positive McMurray's test. Valgus-varus stress test mildly positive. The patient ambulated with a cane. No recent diagnostic imaging studies available for review. Diagnoses: Degenerative disk disease, left knee osteoarthritis, chronic pain syndrome and obesity. Previous treatment included left knee arthroscopic surgery and medications to include Lexapro, citalopram, Bupropion XL, temazepam, AppTrim, Norco, gabapentin, Chondrolite, Nuvigil and transdermal creams. A request was made for clonidine HCl 0.2 mg #100, which was not certified in the utilization review on 7/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine HCl 0.2mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682243.html>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Clinical Measures - Medications: Clonidine Page(s): (electronically sited).

Decision rationale: California Medical Treatment Utilization Schedule/ American College of Occupational and Environmental Medicine practice guidelines support clonidine for treatment of moderately severe complex regional pain syndrome that is unresponsive to rehabilitative therapy, non-steroidal anti-inflammatory drugs or corticosteroids. The guidelines do not recommend clonidine for treatment of chronic pain. Review, of the available medical records, documents chronic pain after a work-related injury in 1998. This request is not supported by the guidelines and is not considered medically necessary.