

Case Number:	CM14-0032451		
Date Assigned:	04/14/2014	Date of Injury:	10/06/2003
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60 year old with an injury date on 10/6/03. Based on the 1/28/14 progress report provided by [REDACTED] the diagnoses are chronic pain other, cervical radiculopathy, status post cervical spinal fusion, occipital neuralgia, iatrogenic opioid dependency and dysphagia. An exam on 1/28/14 showed "C-spine vertebral tenderness noted in C4-7, and in trapezius bilaterally, and bilateral paravertebral C4-7 upon palpation. The range of motion moderately limited with pain. L-spine tenderness to palpation on right paravertebral area L3-5 levels." [REDACTED] is requesting Clonidine HCL 0.1mg. The utilization review determination being challenged is dated 1/29/14 due to lack of clinical information or rationale for use of medication. [REDACTED] is the requesting provider, and he provided treatment reports from 8/13/13 to 1/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONIDINE HCL 0.1MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, pg. 35: Clonidine, Intrathecal Recommended o.

Decision rationale: This patient presents with neck and lower back pain radiating down bilateral upper extremity with numbness, pain rated 7/10 with meds, 10/10 without meds. The provider has asked for Clonidine HCL 0.1mg on 1/28/14. On 10/8/13, patient first is prescribed Clonidine as she is attempting to wean off narcotics, has successfully discontinued Fentanyl on her own, but has withdrawal symptoms. On 11/5/13, the patient is off Gabapentin. On 12/3/13, the patient states B12 is helping him to wean off narcotics. On 12/3/13 urine drug screen, patient tested positive for acetaminophen, Clonazepam, Oxycodone, and Oxymorphone, while patient is currently on Lidoderm, Percocet, Tizanidine, Trazodone, Zolpidem, Senna, Clonidine, and Klonopin. On 12/18/13, the patient has decreased Percocet but experienced painful headaches. The provider requests extension of Clonidine because patient is longtime opiate user for chronic pain and needs for activities of daily living, but NSAIDs and analgesics not well tolerated or not effective alone. Regarding Clonidine, California MTUS recommends only after a short-term trial indicates pain relief in patients refractory to opioid mono therapy or opioids with local anesthetic. In this case, the patient is weaning off opioids and requested Clonidine is indicated per California MTUS. The request is medically necessary.