

<b>Case Number:</b>	CM14-0054346		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/24/2004
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, and chronic pain syndrome reportedly associated with an industrial injury of September 24, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; unspecified amounts of massage therapy; prior lumbar spine surgery; and a TENS unit. In a Utilization Review Report dated April 8, 2014, the claims administrator approved a request for oxycodone while denying a request for clonidine and Zofran. The applicant's attorney subsequently appealed. Permanent work restrictions were apparently endorsed through a medical-legal evaluation of October 6, 2006. In a progress note dated June 24, 2014, the applicant presented with chronic low back pain radiating to the right leg, 8/10. It was stated that the applicant was a candidate for a medication detoxification program to wean off of opioids. The applicant was using oxycodone, Norco, Neurontin, and Valium, it was stated. The applicant's complete medication list included clonidine, Neurontin, Norco, Zofran, oxycodone, and Valium, it was stated. The applicant was status post lumbar fusion surgery, it was noted. The applicant was described as off of work, temporary disabled. The applicant was still smoking a pack a day, it was noted. Multiple medications were refilled. It was not stated for what purpose Zofran and/or clonidine were being employed. On May 27, 2014, the applicant was again described as reporting 7.5 to 8/10 pain. The applicant was off of work, on total temporary disability and was having difficulty performing even basic activities of daily living, including lifting, carrying, climbing stairs, and/or ambulating. The applicant, on this occasion, was described as carrying a diagnosis of high blood pressure in the past medical history section of the report. The applicant's blood pressure was not measured on this occasion, however. On April 28, 2014, the applicant was again described as off of work. The applicant's

blood pressure was not recorded on this occasion. The applicant was again described as using clonidine, along with a variety of opioid agents. In an earlier note dated March 31, 2014, the applicant was described as using Norco, oxycodone, Valium, and Neurontin. The attending provider stated that clonidine and Zofran were being prescribed for possible opioid withdrawal symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zofran 4mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Clonidine Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Zofran usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA-label purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, provide some compelling evidence to support such usage. In this case, the Food and Drug Administration (FDA) notes that Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. The attending provider, however, has stated that he intends to employ Zofran for possible opioid withdrawal symptoms. This is not an approved indication for Zofran. No compelling rationale or medical evidence for selection and/or ongoing usage of Zofran was proffered. Therefore, the request is not medically necessary.

**Clonidine 0.2mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Agency Medical Directors' Group, Interagency guideline on opioid dosing for chronic non cancer pain: an educational aid to improve car and safety with opioid treatment, Olympia (WA) Washington State Department of Labor and Industries. 2010. 55pp.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Clonidine Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of clonidine usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA-label purposes has a responsibility to be well informed regarding the same and should, furthermore, provide some evidence to support such usage. In this case, however, the attending provider indicated that clonidine was being employed

for possible opioid withdrawal purposes. The Food and Drug Administration (FDA), however, notes that clonidine is indicated in the treatment of hypertension. Thus, clonidine is not indicated for the opioid withdrawal treatment purpose for which it is being sought here. The attending provider did not, in this case, furnish any compelling evidence to support such usage. Therefore, the request is not medically necessary.