

<b>Case Number:</b>	CM14-0082289		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 patient is a 43-year-old male who sustained a work related injury on 03/12/2010. Prior treatment history has included physical therapy which did not provide him with relief; home exercise program, TENS unit, heat and ice. The patient underwent anterior retroperitoneal exposure of the lumbar spine for anterior spinal discectomy and instrumentation for fusion at L4-5 and L5-S1 levels on 11/07/2013. Office visit dated 05/20/2014 documented the patient to have complaints of low back pain radiating into buttock and sometimes down the legs, both feet. He rated his pain as 7/10 with burning and stabbing pressure. On exam, he has limited range of motion of the lumbar spine with stiffness and tenderness. There is tenderness to palpation over the bilateral lumbar paraspinous muscles and SI joints. Straight leg raise test is positive bilaterally. Diagnoses are lumbar spinal stenosis without neurogenic claudication; thoracic/lumbosacral neuritis/radiculitis. The patient was prescribed Catapres TTS 0.2 mg patch. Prior utilization review dated 05/29/2014 states the request for Catapres TTs 0.2mg patch #4 is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Catapres TTs 0.2mg patch #4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, intrathecal Page(s): 34-35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Clonidine, intrathecal, and on Other Medical Treatment Guideline or Medical Evidence: [www.medscape.com](http://www.medscape.com)

**Decision rationale:** According to MTUS and ODG guidelines, intrathecal clonidine (Catapres) may be indicated if a short-term trial indicates pain relief after a failure of opioid monotherapy or opioids with local anesthetic. Clonidine is FDA-approved for cancer pain only. There is little evidence that clonidine provides long-term pain relief. According to a search on [www.medscape.com](http://www.medscape.com), clonidine is useful in the treatment of opioid withdrawal as it reduces lacrimation, diarrhea and tachycardia. In this case a transdermal formulation of clonidine, (Catapres TTS) is requested for a 43-year-old male with chronic low back pain to assist with opioid detoxification and withdrawal symptoms. Medical necessity is established.