

Case Number:	CM14-0194292		
Date Assigned:	12/02/2014	Date of Injury:	03/28/1989
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 62 year old male with a work injury dated 3/28/89. The diagnoses include neuropathic left leg pain; CRPS-opioid therapy; abdominal hernia. Under consideration are requests for Clonidine 0.1mg twice a day for withdrawal; no refills, quantity: 60. There is an 8/22/14 handwritten progress note which is mostly illegible. It states that the patient would like a long acting prescription due to only being on 2 short acting prescriptions. He was prescribed Nucynta and Percocet. There is a 10/27/14 progress note that states that the patient comes for follow up and refills on Opana IR and Percocet. Pain is stabilizing now. On exam he walks with stiffness. There is a bilateral straight leg raise. The deep tendon reflexes are 1+ and there is low back tightness. The treatment plan states that he was given a refill of Clonidine 0.1mg twice a day for withdrawal; Opana IR; Percocet. There is an 11/26/14 prescription for Clonidine 0.1 mg twice a day for withdrawal; Opana IR 10mg 1-2mg by mouth every 6-8 hours as needed for pain #180 and 1 refill, Viagra and Percocet 10/325mg 1-2 by mouth every 5 hours as needed for pain #240 and one refill. The document states that the patient is continuing along a gradual opioid wean and benefits from Clonidine to manage withdrawal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1mg BID for withdrawal; no refills, quantity: 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 CRPS, medications, Clonidine intrathecal Page(s): 38, 34-35, 41.

Decision rationale: Clonidine 0.1mg twice a day for withdrawal; no refills, quantity: 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Clonidine is thought to act synergistically with opioids. It was historically as an antihypertensive agent, but it has found new uses, including treatment of some types of neuropathic pain. The MTUS states that Clonidine has been used both transdermally and epidurally for CRPS. The documentation indicates that Clonidine was requested for withdrawal symptoms. The guidelines do not detail a direct recommendation for the use of Clonidine patches for withdrawal. Furthermore, there is no documentation that the patient is going through withdrawal and he continues to be prescribed his narcotics. The request for Clonidine 0.1mg twice a day for withdrawal is not medically necessary.