

Case Number:	CM14-0214784		
Date Assigned:	01/07/2015	Date of Injury:	12/08/2011
Decision Date:	05/01/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 reportedly associated with an industrial injury of December 8, 2011. In a Utilization Review Report dated November 21, 2014, the claims administrator approved a request for hydrocodone, denied a request for clonidine, and approved a request for Cymbalta. The claims administrator suggested that clonidine was being given for withdrawal purposes. The claims administrator referenced an October 29, 2014 progress note in its determination. The claims administrator stated that it was not clear whether clonidine was or was not effective here, nor was it clear whether the applicant was in fact using clonidine for weaning purposes. In a September 16, 2014 mental health note, the applicant was given a primary diagnosis of major depressive disorder (MDD) with associated Global Assessment of Function (GAF) of 57. In a December 11, 2013 progress note, the applicant reported persistent complaints of low back pain status post a lumbar laminectomy surgery. The applicant exhibited a visibly antalgic gait. The applicant was using a cane. The applicant was given refills of Norco, Flexeril, and tramadol. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. Both psychology and urology referrals were endorsed. The remainder of the file of surveyed. The October 29, 2014 progress note which the claims administrator predicated its decision upon was not seemingly incorporated into the Independent Medical Review packet. There was no mention of clonidine being employed here, based on the documentation on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine HCL 0.1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/clonidine-tablets.html>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines CRPS, Medication Topic Page(s): 38.

Decision rationale: While the MTUS does not address all indications for clonidine, page 38 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that clonidine "may be useful" for treatment for complex regional pain syndrome (CRPS). The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that it is incumbent upon a prescribing provider to "discuss the efficacy of medication for the particular condition" for which it is being employed. Here, the attending provider did not clearly outline whether clonidine (Catapres) was being employed for complex regional pain syndrome, for hypertension, for opioid withdrawal purposes, or for some other purpose altogether. Again, the October 29, 2014 progress note on which the claims administrator predicated its decision upon was not incorporated into the Independent Medical Review packet. The information which was/is on file, moreover, failed to support or substantiate the request. Therefore, the request was/is not medically necessary.