

Case Number:	CM15-0002592		
Date Assigned:	01/13/2015	Date of Injury:	01/11/2013
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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: California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40-year-old housekeeper reported a neck and upper extremity injury after lifting a 25-30 pound bag overhead on 1/11/2013. Treatment to date has included anterior cervical discectomy and fusion, TENS (transcutaneous electrical nerve stimulation), medications and vocational rehabilitation. Current diagnoses include cervicalgia and myofascial pain syndrome (fibromyalgia). As of 12/9/14, the patient complained of neck pain with sharp shooting pains. The treatment plan included a possible medial branch block and clonidine hydrochloride 0.1 mg #90. The available records contain notes from the current primary treater ranging from 5/27/14 to 1/6/15. It appears that the provider has prescribed clonidine since 8/20/14, and that the patient has probably been taking it ever since, although it is not consistently listed among the medications at every visit. There is no explanation regarding why clonidine was prescribed. The patient appears to have non-work-related hypertension, but her blood pressure has varied widely while on clonidine, and has sometimes been quite high. These fluctuations did not result in adjustment of the clonidine dose. The patient is not working, and her work status and functional level have not changed from 5/27/14 to 1/6/15. On 12/18/2014 Utilization Review non-certified clonidine hydrochloride 0.1 mg #90, noting the lack of medical documentation. The ACOEM Guidelines were mentioned but not specifically cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine HCL 0.1mg #90: 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 Medications for Chronic Pain, page 60 Page(s): 60. Decision based on Non-MTUS Citation UptoDate, an online evidence-based review service for clinicians (www.uptodate.com), Clonidine:drug information

Decision rationale: Neither the MTUS Guidelines nor the ODG addresses the use of oral clonidine, though both discuss the use of intrathecal clonidine as an adjunct with intrathecal opioids for chronic pain. The MTUS guideline cited above states that medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. The UptoDate reference states that the clinical conditions that may be treated with oral clonidine include hypertension and attention-deficit/hyperactivity disorder. It is also used to aid in smoking cessation, and is used intrathecally as described above for pain. It is not recommended as first line therapy for hypertension according to the JNC8 Guidelines. The clinical documentation in this case does not support the use of clonidine. This patient is a smoker, has hypertension and chronic pain. It is impossible to guess from the available records which of these conditions is the reason for the prescription of clonidine. It would not be indicated as first-line therapy for hypertension. If it is being used for smoking cessation, it would be appropriate to track the patient's cigarette use at a minimum. This does not appear to be occurring. If it is being used for pain, it does not appear to be working. The patient's pain levels have not improved, and she remains off work and minimally functional. Based on the citations above and on the clinical information provided for my review, clonidine HCl 0.1mg #90 is not medically necessary. It is not necessary because it is not being used appropriately for hypertension or for smoking cessation, and because if it is being used for pain it has resulted in no subjective or functional recovery.