

<b>Case Number:</b>	CM15-0109106		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/15/2005
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Emergency 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 injured worker is a 55 year old female, who sustained an industrial injury on 1/15/05. She reported pain in the cervical spine, right shoulder, right hand, and right wrist. The injured worker was diagnosed as having C5-6 and C6-7 degenerative disc disease, right shoulder impingement syndrome/subacromial bursitis, and right thumb trapeziometacarpal joint arthrosis. Treatment to date has included physical therapy and steroid injections. The injured worker's blood pressure measurements were not noted in the submitted medical report. The documentation provided is exceedingly poor. There is no rationale for medication request. The injured worker's current complaints were not discussed in the medical report submitted. The treating physician requested authorization for Clonidine 0.2mg #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonidine 0.2mg #4:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gowing L, Farrell MF, Ali R, White JM. Alpha2-

adrenergic agonists for the management of opioid withdrawal. Cochrane Database of Systematic Reviews 2014, Issue 3. Art. No.: CD002024. DOI: 10.1002/14651858.CD002024.pub4.

**Decision rationale:** There is no information available in MTUS Chronic pain, ACOEM or Official Disability Guidelines concerning the use of clonidine. As per cited Cochrane review article, Clonidine is a alpha2-adrenergic agonist often used for blood pressure control but may also be used off label for opioid withdrawal. Patient is only multiple opioids and the number of tablets requested is consistent with dosing for opioid withdrawal. However, due to providers lack of documentation of close monitoring due to risk for side effects including hypotension or long term plan for opioid management, Clonidine prescription is not medically necessary.