

Case Number:	CM15-0192763		
Date Assigned:	10/06/2015	Date of Injury:	02/03/2013
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 2-3-13. The injured worker is being treated for low back pain, left groin pain and right side hernia. Treatment to date has included functional restoration program, [REDACTED] program, psychotherapy, oral medications including Baclofen, Gabapentin, Bupropion and Tramadol; and activity modifications. During the week 8-14-15 to 8-21-15, the injured worker complains of persistent groin pain. It is noted during the week 8-14-15 to 8-21-15, he has made significant progress in weaning of medications and detoxification process. On 8-19-15 request for authorization was submitted for Clonidine patch 0.1mg 1 patch weekly and Clonidine tablets 0.1mg. On 9-17-15 request for Clonidine patch 0.1mg 1 patch weekly and Clonidine tablets 0.1mg was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, 2015, Chapter: Pain (Chronic), Weaning, opioids (specific guidelines).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Weaning.

Decision rationale: The patient presents with groin pain. The request is for CLONIDINE 0.1MG (UNSPECIFIED QUANTITY). The request for authorization is dated 08/19/15. The patient is status post inguinal herniorrhaphy, 04/20/13. Status post sacrococcygeal contusion, 10/12/14. Patient's diagnoses include chronic low back left groin and bilateral testicular/scrotal pain; ilioinguinal/genitofemoral neuralgia; severe depression with anxious features. Physical examination of the anterior abdominal wall reveals evidence of a well-healed right inguinal hernia repair with sensory hyperesthesia and allodynia in a non-dermatomal distribution overlying the right groin and extending into the right genitofemoral distribution including his bilateral testicles. The patient is currently being treated in the FRP that was initiated on 06/15/15. Per progress report dated 08/17/15 - 08/21/15, the patient is not working. ODG Guidelines, Pain Chapter, under Weaning, opioids (specific guidelines) Section states "Recommended for selected patients. Clonidine can relieve many opiate-withdrawal symptoms (and off-label treatment) as long as there are no contradictions to use. Dose is generally 0.1-0.2 t.i.d., 2 q.i.d. as long as blood pressure is over 90 mmHg systolic and there is no sedation or bradycardia. Clonidine is often maintained for 2 to 3 days after cessation of opioids and tapered over 5-10 days." Per progress report dated 08/17/15 to 08/21/15, treater's reason for the request is "to deal with further drops in Tramadol, which we are planning, as well as the baclofen." This appears to be the initial trial prescription for Clonidine. Per same progress report, treater states, "His Tramadol had been dropped from 400 mg to 300 mg and currently is at 250 mg following my instructions. I have asked him to halt the Tramadol withdrawal at present." In this case, it appears the treater is in the process of weaning Tramadol, and opioid medication, and ODG guidelines recommends Clonidine to relieve opiate-withdrawal symptoms. However, treater does not provide duration and frequency of the medication prescribed. ODG supports no more than about 2 weeks following cessation of the opioids. The request IS NOT medically necessary.

Clonidine patch 0.1mg, one patch weekly (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, Online Edition, 2015, Chapter: Pain (Chronic), Weaning, opioids (specific guidelines).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Weaning.

Decision rationale: The patient presents with groin pain. The request is for CLONIDINE PATCH 0.1MG, ONE PATCH WEEKLY (UNSPECIFIED QUANTITY). The request for authorization is dated 08/19/15. The patient is status post inguinal herniorrhaphy, 04/20/13. Status post sacrococcygeal contusion, 10/12/14. Patient's diagnoses include chronic low back left groin and bilateral testicular/scrotal pain; ilioinguinal/genitofemoral neuralgia; severe depression with anxious features. Physical examination of the anterior abdominal wall reveals evidence of a well-healed right inguinal hernia repair with sensory hyperesthesia and allodynia in a nondermatomal distribution overlying the right groin and extending into the right genitofemoral distribution including his bilateral testicles. The patient is currently being treated in the FRP that was initiated on 06/15/15. Per progress report dated 08/17/15 - 08/21/15, the patient is not working. ODG Guidelines, Pain Chapter, under Weaning, opioids (specific guidelines) Section states

"Recommended for selected patients. Clonidine can relieve many opiate-withdrawal symptoms (and off-label treatment) as long as there are no contradictions to use. Dose is generally 0.1-0.2 t.i.d., 2 q.i.d. as long as blood pressure is over 90 mmHg systolic and there is no sedation or bradycardia. Clonidine is often maintained for 2 to 3 days after cessation of opioids and tapered over 5-10 days." Per progress report dated 08/17/15 to 08/21/15, treater's reason for the request is "to deal with further drops in Tramadol, which we are planning, as well as the baclofen." This appears to be the initial trial prescription for Clonidine. Per same progress report, treater states, "His Tramadol had been dropped from 400 mg to 300 mg and currently is at 250 mg following my instructions. I have asked him to halt the Tramadol withdrawal at present." In this case, it appears the treater is in the process of weaning Tramadol, and opioid medication, and ODG guidelines recommends Clonidine to relieve opiate-withdrawal symptoms. However, treater does not provide duration and frequency of the medication prescribed. ODG supports no more than about 2 weeks following cessation of the opioids. The request IS NOT medically necessary.