

Case Number:	CM15-0028875		
Date Assigned:	02/20/2015	Date of Injury:	06/12/2009
Decision Date:	03/31/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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 61 year old male who sustained an industrial related injury on 6/12/09 due to falling from a ladder. The injured worker had complaints of left lower extremity pain and headaches. Diagnoses included reflex sympathetic dystrophy of the upper and lower extremities, muscle spasms, sleep problem, chronic pain due to trauma, adjustment disorder with anxiety, and restless leg syndrome. Treatment included a left ankle open reduction internal fixation, H-wave unit use, a functional restoration program, implantation of a spinal cord stimulator, and lumbar sympathetic blocks. Medication included Tramadol and Klonopin. The treating physician requested authorization for Clonidine HCL 0.2mg #90. Rationale for clonidine was for treatment for opioid withdrawals after denial of opioid requests from 12/14. However, there is no noted attempt to wean patient to prevent withdrawal symptoms. On 2/10/15 the request was non-certified. The utilization review physician cited the Physician's Desk Reference and noted Clonidine is FDA approved only for the treatment of hypertension which is not why it is being prescribed in the injured worker's case. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine HCL 0.2mg #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 Weaning of medications Page(s): 124. Decision based on Non-MTUS Citation Nicholls L, Bragaw L and Ruetsch C; Opioid Dependence Treatment and guidelines. J Manag Care Pharm. 2010;16(1-b):S14-S21

Decision rationale: As per MTUS Chronic pain guidelines and Official Disability Guidelines have basic information concerning opioid weaning. There is no information concerning the use of Clonidine in acute opioid withdrawal syndrome therefore external guidelines were reviewed. Clonidine is FDA approved for the treatment of high blood pressure. However, it is often used to treat acute opioid withdrawal as an off label basis. As per guidelines, Clonidine is generally safe but may cause hypotension or bradycardia and needs close monitoring and recommends inpatient monitoring or only 3day outpatient supply. It is unclear why a slower wean was not attempted despite denial of patient's medications instead of a sudden withdrawal of medication. While Clonidine treatment may be warranted, the number of tablets requested is not appropriate and not safe since there is a risk of significant side effects without proper monitoring. The requested 90tablets of Clonidine is not medically necessary.