

<b>Case Number:</b>	CM15-0219557		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	02/10/2007
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 57 year old male, who sustained an industrial injury on 2-10-07. He reported right shoulder pain. The injured worker was diagnosed as having chronic pain, bipolar disorder, status post right shoulder surgery; left lower extremity deep venous thrombosis, history of lupus, and heart valve problem. Treatment to date has included physical therapy, right shoulder surgery in 2008, psychiatric treatment, and medication including Clonidine, Coumadin, Tizanidine, and Seroquel. The injured worker had been taking Seroquel since at least April 2015 and Clonidine HCL since at least September 2015. On 9-17-15, the injured worker complained of neck pain, low back pain, upper extremity pain, lower extremity pain, and insomnia. The treating physician requested authorization for Clonidine HCL 0.1mg #30 and Seroquel. On 10-16-15 the requests were 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 HCL 0.1mg #30:** Overturned

**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 Official Disability Guidelines (ODG) Pain Chapter, under Weaning opioids.

**Decision rationale:** The patient presents on 09/17/15 with neck pain, which radiates into the right upper extremity, lower back pain, which radiates into the bilateral lower extremities, right shoulder pain, and bilateral leg pain. The pain is rated 6-7/10 with medications, 8-9/10 without. The patient's date of injury is 02/10/07. The request is for Clonidine HCL 0.1mg #30. The RFA was not provided. Physical examination dated 09/17/15 reveals tenderness to palpation of the anterior right shoulder with decreased range of motion noted, tenderness to palpation of the bilateral lower extremities with mild swelling noted in an unspecified calf. The patient is currently prescribed Clonidine, Coumadin, Tizanidine, and Seroquel. Patient is currently classified as temporarily totally disabled. 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. In regard to Clonidine for the purposes of opioid weaning, the request is appropriate. This appears to be the initial trial prescription for Clonidine, as it is not listed as an active medication in any of the previous progress reports. Per progress note dated 09/17/15, the provider states: "Trying to wean off Norco then come off completely." In this case, it appears the treater is in the process of weaning Norco, an opioid medication. ODG guidelines recommend Clonidine to relieve opiate-withdrawal symptoms. Given the dosing recommendations specific by ODG, the requested 30 tablets amounts to approximately 2 weeks use of Clonidine. Given the intent to wean this patient from Norco, and the appropriate specific duration of this medication, Clonidine is an appropriate measure. The request is medically necessary.

**Seroquel (no dosage/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, Mental Illness & Stress Procedure Summary Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness chapter, under atypical antipsychotics.

**Decision rationale:** The patient presents on 09/17/15 with neck pain, which radiates into the right upper extremity, lower back pain, which radiates into the bilateral lower extremities, right shoulder pain, and bilateral leg pain. The pain is rated 6-7/10 with medications, 8-9/10 without. The patient's date of injury is 02/10/07. The request is for Seroquel (no dosage/quantity). The RFA was not provided. Physical examination dated 09/17/15 reveals tenderness to palpation of the anterior right shoulder with decreased range of motion noted, tenderness to palpation of the bilateral lower extremities with mild swelling noted in an unspecified calf. The patient is currently prescribed Clonidine, Coumadin, Tizanidine, and Seroquel. Patient is currently

classified as temporarily totally disabled. Official Disability Guidelines, Mental Illness chapter, has the following regarding atypical antipsychotics: There is insufficient evidence to recommend- olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole - for the treatment of PTSD. ODG does not recommend them as a first-line treatment. "Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. The American Psychiatric Association, APA, has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems." In regard to the request for Seroquel, the treater has not specified the desired dosage/quantity. Per the documentation provided, this patient has been prescribed Seroquel since at least 04/27/15. Per comprehensive QME dated 07/13/15, the patient does report a long-term history of psychiatric illness including hospitalization for suicidal ideation and auditory hallucinations. The patient also reports taking Seroquel intermittently as prescribed by his psychiatrist, as well as other unspecified antipsychotic medications in the past. The RFA for this request was not provided, and the most recent progress note does not specify an exact dosage or quantity of this medication. Without an appropriate dosage or quantity of this medication, the current request as written cannot be substantiated. Furthermore, ODG does not recommend such medications for first-line treatment of behavioral problems. Therefore, this request is not medically necessary.