

Case Number:	CM15-0061192		
Date Assigned:	04/07/2015	Date of Injury:	08/16/2009
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/31/2015

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: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 8/16/2009. He reported falling down steps and sustaining injury of the brain, shoulder, right knee, and back. The injured worker was diagnosed as having traumatic brain injury, shoulder rotator cuff sprain, abnormality of gait, vertigo, shoulder degenerative joint disease, and chronic post traumatic headache. Treatment to date has included medications, home health care, rehabilitation, physical therapy, and a scooter. The request is for Clonidine 1mg #30 with one refill. A PR-2 on 3/23/2015 indicates he was seen for routine follow-up for cognitive deficits, short term memory issues, headaches, noise sensitivity, balance problems, right shoulder pain, right knee stiffness, low back pain, and frequent falling. The treatment plan included: computed tomography scan of the shoulder, home health care, and ice packs. Medications listed as: Zofran, Clonidine, Oxycodone, Flector patches, Motrin, Fioricet, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 333-796.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 35-36.

Decision rationale: The off-label use of oral clonidine is common for the treatment of alcohol and opiate withdrawal. Anecdotal evidence supports its use. Results of studies have been mixed, however. Currently, the FDA has approved the use of only intrathecal clonidine in combination with another opiate for intractable cancer pain. The use of oral clonidine is not supported by the Official Disability Guidelines. Clonidine 0.1 mg Qty 30 with 1 refill is not medically necessary.