

Case Number:	CM14-0161596		
Date Assigned:	10/07/2014	Date of Injury:	11/01/2005
Decision Date:	10/30/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 231 pages provided for this review. The application for independent medical review was signed on October 1, 2014. It was for Clonidine hydrochloride 0.1 mg quantity 180. Per the records provided, the claimant is a 62-year-old female motor vehicle technician employed by the [REDACTED] injured back in 2005 from a paper cut. There were previous certifications for Exalgo and Norco. The paper cut allegedly became infected and then she began a series of treatment including surgery and x-rays. She had debridement and then another surgery for correction. She had bone on bone residuals of the metacarpal phalangeal joint and the carpal metacarpal joint. Over time she started to lose hand function and after the fourth surgery, she stopped working because she was unable to lift and would drop things. She burned herself while trying to do some simple cooking. Over time she has had more problems with her hands and her left shoulder became involved. Her upper extremities are worse. She has more pain. She is retired. Norco does work for her, but she notes she has quite a bit of breakthrough pain. She has difficulties with activities of daily living. They have tried the Lyrica which was approved. The clonidine was modified. It was approved back in July as a trial adjunctive medicine in an attempt to potentiate the opiates. The benefits though had not been demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONIDINE HYDROCHLORIDE 0.1 MG QTY: 180: 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 Official Disability Guidelines (ODG) Pain section, under Clonidine

Decision rationale: The ODG only mentions the use of Clonidine intrathecally. Even here, it notes: Not recommended except as an end-stage treatment alternative for selected patients for specific conditions, and only after a short-term trial indicates pain relief in patient's refractory to opioid monotherapy or opioids with local anesthetic. See Implantable drug-delivery systems (IDDSs). There is no recommendation for its use as there is little evidence that this medication provides long-term pain relief. The medication should not be stopped abruptly due to the risk of rebound hypertension. In this case, there is no objective improvement benefit noted from its oral usage. It is not clear whether perhaps it is being used for hypertension, but again if so, there is no measure of objective improvement. The request is not medically necessary.