

Case Number:	CM14-0165568		
Date Assigned:	10/10/2014	Date of Injury:	11/09/2007
Decision Date:	11/12/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/07/2014

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:

The injured worker is a 50-year-old male who sustained an injury on November 9, 2007. He is diagnosed with (a) hypertension and depression; (b) insomnia, rule out sleep apnea; (c) gastropathy, radiculopathy. He was seen on October 1, 2014 for an evaluation. He reported that Benicar helped his blood pressure. He complained of persistent neck pain, which was rated 10/10 without medications and 7/10 with medications. Blood pressure reading was 134/83. An examination of the cervical spine revealed decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Clonidine 0.1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, Intrathecal Page(s): 34.

Decision rationale: It has been determined from the reviewed medical records that the injured worker reported that his blood pressure responded more favorably with Benicar than with clonidine. With this, it was not clear from the medical records why clonidine still has to be included in his pharmacologic regimen. While this medication can also provide treatment of

neuropathic pain, guidelines stipulated that clonidine is only recommended after a short-term trial indicates pain relief in injured worker refractory to opioid monotherapy or opioids with local anesthetic. From the reviewed medical records, there was no indication that the injured worker's symptomatology was unresponsive to opioid medications. More so, the injured worker has been taking clonidine since January 2014. For all these grounds and per MTUS, the request for clonidine 0.1 mg #30 is not medically necessary.