

Case Number:	CM15-0013942		
Date Assigned:	02/02/2015	Date of Injury:	03/18/2014
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 33 year old male who sustained an industrial injury on 03/18/2014. Diagnoses include sprain of the lumbar region, radicular syndrome of the lower limbs, spasm of muscle, and unspecified drug dependence. Treatment to date has included medications, chiropractic treatment, and physical therapy. A physician progress note dated 12/30/2014 documents the injured worker complains of mid and low back pain. Without his medications the injured workers pain is rate 8 out of 10 and with medications it is 4 out of 10. The injured worker has shaking with some tremor, and is restless, fidgety and diaphoretic. Treatment requested is for Clonidine DIS 0.1/24HR DAY SUPPLY: 28 Quantity: 4 Refills: 00 Rx DATE: 12/30/2014, for shaking/withdrawal. On 01/07/2015 Utilization Review non-certified the request for Clonidine DIS 0.1/24HR DAY SUPPLY: 28 Quantity: 4 Refills: 00 Rx DATE: 12/30/2014, cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine DIS 0.1/24HR DAY SUPPLY: 28 Quantity: 4 Refills: 00 Rx DATE: 12/30/2014:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Weaning, opioids (specific guidelines)

Decision rationale: ODG states Clonidine can relieve many opioid withdrawal symptoms (an off-label treatment) as long as there are no contraindications to use. Dose is generally 0.1-0.2 t.i.d. to q.i.d as long as blood pressure is over 90 mm Hg systolic and there is no sedation or bradycardia. Clonidine is often maintained for 2-3 days after cessation of opioids and tapered over 5-10 days. The treating physician is attempting to wean the patient from opioids and would like the patient to start a detox program. As such the request for Clonidine DIS 0.1/24HR DAY SUPPLY: 28 Quantity: 4 Refills: 00 Rx DATE: 12/30/2014 is medically necessary.