

Case Number:	CM15-0114221		
Date Assigned:	06/22/2015	Date of Injury:	10/06/1992
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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, Pain Management

CLINICAL CASE SUMMARY

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

This 64 year old female sustained an industrial injury to the neck, back and knees on 10/6/92. Previous treatment included lumbar and cervical fusions, left total knee arthroplasty, epidural steroid injections, injections and medications. In a pain medicine reevaluation dated 4/13/15, the injured worker complained of neck pain with radiation down the left upper extremity and bilaterally to the hands and low back pain with radiation down bilateral lower extremities to the feet associated with tingling. The injured worker rated her pain 8/10 on the visual analog scale with medications and 10/10 without. The injured worker also complained of abdominal pain associated with gastrointestinal upset, nausea and vomiting as well as insomnia due to chronic pain. The injured worker reported having nine visits to the Emergency Department since February due to pain. The physician noted that the injured worker had a twelve day detoxification stay in April 2014. The injured worker continuing to complained of severe pain. The injured worker had developed opiate tolerance due to ongoing term opiate use. Physical exam was remarkable for cervical spine with tenderness to palpation and limited range of motion due to pain, lumbar spine with tenderness to palpation to the bilateral paraspinal area with spasms and limited range of motion due to pain, decreased strength and sensation at the L5-S1 distribution and positive right straight leg raise. Current diagnoses included cervical disc degeneration, cervical spine radiculitis, status post cervical spine fusion, failed lumbar spine surgery syndrome, lumbar spine radiculopathy, status post lumbar fusion, bilateral knee pain, rule out chronic renal insufficiency, angina and chronic nausea. The injured worker received a Toradol injection with B12 during the office visit. The treatment plan included continuing medications (Ambien, Clonidine, Neurontin, Norflex, Suboxone and Zofran). Notes indicate that the patient is prescribed Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1mg, quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com and Emedicine.com Other Medical Treatment Guideline or Medical Evidence:<http://www.rxlist.com/catapres-drug.htm>.

Decision rationale: Regarding the request for Clonidine 0.1mg, quantity: 30, California MTUS guidelines and ODG do not contain criteria for the use of this medication. Drugs.com indicates that Inderal is an anti-hypertensive medication. Medicine.com states that hypertension may be primary, which test document may develop as a result of environmental or genetic causes, or secondary, which has multiple etiologies, including renal, vascular, and endocrine causes. They go on to state that the diagnosis includes accurately measuring the patient's blood pressure, performing a focused medical history and physical examination, and obtaining results of routine laboratory studies, and a 12-lead electrocardiogram should also be obtained. Guidelines go on to state that most groups including the JNC, American diabetes Association, and American Heart Association recommend lifestyle modification as the 1st step in managing hypertension. They go on to state that if lifestyle modifications are insufficient to achieve the goal blood pressure, there are several drug options for treating and managing hypertension. Within the documentation available for review, there is no indication that the patient has had adequate workup for the diagnosis of hypertension. Additionally, if this medication is prescribed for the treatment of withdrawal symptoms, it is unclear why the patient would be expected to have those symptoms as Suboxone is currently being prescribed. In the absence of clarity regarding these issues, the currently requested Clonidine 0.1mg, quantity: 30 is not medically necessary.