

Case Number:	CM15-0120903		
Date Assigned:	07/07/2015	Date of Injury:	02/04/2014
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, 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 applicant is a represented 41-year-old who has filed a claim for major depressive disorder (MDD) and generalized anxiety disorder (GAD) reportedly associated with an industrial injury of February 4, 2014. In a Utilization Review report dated August 8, 2015, the claims administrator failed to approve a request for clonidine (Catapres). The claims administrator referenced a June 1, 2015 RFA form in its determination. A progress note of May 7, 2015 was also referenced. The claims administrator stated that the applicant did not have issues with hypertension for which ongoing usage of clonidine would be indicated. The applicant's attorney subsequently appealed. In a handwritten note dated May 1, 2015, the applicant was placed off of work. Cognitive behavioral therapy was endorsed. The applicant was given diagnoses of panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, and schizoaffective disorder. Medication selection and medication efficacy were not detailed. In a June 1, 2015 RFA form, psychotherapy, psychotropic medication management session, Wellbutrin, Klonopin, Ambien, and clonidine were endorsed. In an associated May 7, 2015 progress note, the applicant's psychiatrist noted that the applicant had ongoing issues with moderate depression and moderate-to-severe anxiety. Wellbutrin, Klonopin, Ambien, and Catapres were all endorsed while the applicant was placed off of work, on total temporary disability, from a medical health standpoint. The attending provider seemingly suggested (but did not clearly state) that clonidine was being employed for sedative effect. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Insomnia.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration, Catapres® (clonidine hydrochloride, USP), INDICATIONS AND USAGE. Catapres® (clonidine hydrochloride, USP) tablets are indicated in the treatment of hypertension. CATAPRES tablets may be employed alone or concomitantly with other antihypertensive agents.

Decision rationale: No, the request for clonidine (Catapres) was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's May 7, 2015 progress note did not clearly state or clearly outline for what issue, diagnosis, and/or purpose clonidine was being employed, nor did the attending provider state whether or not ongoing usage of clonidine was or was not proving effectual here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that clonidine is indicated in the treatment of hypertension, either as monotherapy or combo therapy. Here, however, the attending provider suggested (but did not clearly state) that the applicant was using clonidine for what amounted to a non-FDA labeled purpose, i.e., for sedative effect purposes. The attending provider failed, however, to support medical evidence to support such usage. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, the attending provider's May 7, 2015 progress note seemingly suggested that the applicant was using three separate medications for sedative purposes, namely Klonopin, zolpidem, and clonidine. A clear rationale for concurrent usage of three separate medications for sedative effect was not set forth. The attending provider did not, furthermore, clearly state whether or not ongoing usage of clonidine was or was not proving effective for whatever purpose it was being employed. Therefore, the request was not medically necessary.