

Case Number:	CM15-0123019		
Date Assigned:	07/07/2015	Date of Injury:	03/19/1997
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York
 Certification(s)/Specialty: Internal 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 injured worker is a 50-year-old male who sustained an industrial injury on 3/19/1997 resulting in low back and leg pain. The injured worker was diagnosed with lumbar degenerative disc disease with intractable low back pain; status post lumbar laminectomy syndrome; and, improving lumbar radiculopathy. Treatment has included opioid pain medication, which has helped with pain, but is now being tapered down. The treating physician's plan of care includes tapering of opioids and use of Clonidine 0.1 mg. Recent work status is not addressed in provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Catapres (Clonidine).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Clonidine is a sympatholytic medication used to treat high blood pressure, attention deficit hyperactivity disorder, anxiety disorders, withdrawal (from either alcohol, opioids, or smoking), migraine, menopausal flushing, diarrhea, and certain pain conditions. It is classified as a centrally acting 2 adrenergic agonist and imidazoline receptor agonist. In this case, the documentation indicates that the claimant is not maintained on opioid therapy and there is no documentation of any signs of withdrawal. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.