

<b>Case Number:</b>	CM15-0178199		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on 4-10-2008. The injured worker is being treated for complex regional pain syndrome (CRPS), generalized anxiety disorder, major depressive disorder, and pain disorder associated with psychological factors and a general medical condition, and opioid dependence. Treatment to date has included inpatient and outpatient psychiatric care and medications. Per the Primary Treating Physician's Progress Report dated 5-14-2015, the injured worker presented with a complaint of pain. She reported chronic right forearm pain. She notes dry and crusty skin changes over this area. Upon physical exam she is very tearful. She has multiple excoriations over the palmar aspects of the right forearm. Per the medical records dated 3-02-2015 she is significantly depressed, angry and unstable. She has been hospitalized for suicidal ideation and attempts several times. Per the medical records dated 7-01-2015-7-31-2015 she is unable to open her pill bottles and feel useless and dependent. She continues to mourn her losses and is severely depressed. She continues to struggle with severe anxiety, panic symptoms, chronic pain symptoms, neurovegetable depressive symptoms and feelings of desperation. Work status was temporarily totally disabled. The plan of care included Effexor, Suboxone, Clonazepam, Temazepam and Clonidine patches. Authorization was requested on 7-23-2015 for Ketamine infusion, Clonazepam, Clonidine patches, Effexor, Suboxone and Zantac. On 8-18-2015, Utilization Review non-certified the request for Clonidine DIS 0.2mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonidine DIS 0.2 mg, four count per month for eight months:** Upheld

**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 Official Disability Guidelines (ODG) Weaning (opioids).

**Decision rationale:** Guidelines state that Clonidine can relieve many opioid withdrawal symptoms. In this case, the Clonidine is being prescribed for aches and opioid withdrawal symptoms. The patient is also taking a Clonidine patch. The medical records submitted do not establish that the patient has symptomatology which would suggest that she is suffering from opioid withdrawal at this time. There is also no rationale presented as to why the patient who is already using Clonidine patches requires oral Clonidine over an 8 months time period. Therefore the request is not medically necessary or appropriate.