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| <b>Case Number:</b>   | CM15-0026457 |                              |            |
| <b>Date Assigned:</b> | 02/18/2015   | <b>Date of Injury:</b>       | 03/29/2010 |
| <b>Decision Date:</b> | 04/02/2015   | <b>UR Denial Date:</b>       | 01/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2015 |

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old male, who sustained an industrial injury on March 29, 2010. The diagnoses have included lumbar scoliosis degenerative type and bilateral total knee replacement. A progress note dated December 15, 2014 provided the injured worker complains of low back pain. Physical exam notes tenderness at iliac crest and sciatic notch. On January 28, 2015 utilization review non-certified a request for Guanfacine 2mg #30, daily in the morning for headaches. The American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 11, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Guanfacine 2mg #30, Daily in the Morning for Headaches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual; Hypertension, and <http://en.wikipedia.org/wiki/Guanfacine>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guanfacine <http://reference.medscape.com/drug/intuniv-tenex-guanfacine-342384>.

**Decision rationale:** Guanfacine is an Alpha2 Adrenergic Agonists used to treat hypertension. It is not commonly used for migraine headache or headaches. There are no controlled studies supporting the use of the drug for the treatment of headaches. The patient was complaining of back pain and the need for Guanfacine is not clear. Therefore the request is not medically necessary.