

<b>Case Number:</b>	CM15-0142238		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 4-20-2012. She reported cumulative trauma of the right upper extremity. The injured worker was diagnosed as having hand joint pain, carpal tunnel syndrome, ulnar nerve lesion, hand joint pain, lateral and medial epicondylitis. Treatment to date has included medications, physical therapy, home exercise program, TENS, magnetic resonance imaging of the right hand (11-4-2014), magnetic resonance imaging of the lumbar spine (9-22-2014), x-ray of the right hip (7-25-2014), multiple carpal tunnel injections, electrodiagnostic studies. The request is for Buprenorphine sublingual, Baclofen, and indefinite use of a TENS unit. On 2-26-2015, she had continued right wrist and hand pain. Pain is made worse by work, especially with extended period of time with typing or use of mouse. She has an ergonomic mouse at work which helped. She reported neck and right shoulder pain which she indicated to be improved with rest, medication and physical therapy. She reported utilizing Buprenorphine at night which is noted to help. She indicated the Buprenorphine to help with pain and sleep. She is reported to also utilize Gabapentin and Diclofenac. She is working full time. She has decreased grip strength of the right hand with pain. Her medications are noted as: diclofenac, gabapentin, buprenorphine, baclofen, synthroid, Coreg, simvastatin and Diltiazem. The treatment plan included: 30 day trial of TENS unit. On 6-4-2015, she reported chronic right wrist pain. She rated the pain 7-8 out of 10. She utilizes a wrist splint. She indicated her pain to radiate into the right middle finger and thumb. She reported medications to help with the pain and allow better function. She is reported to still have difficulty with gripping, grasping, and heavy lifting. She continues with a home exercise program. She also

reported utilizing a TENS unit which she indicated helps with pain and function. Physical findings revealed are a normal gait, and no evidence of sedation. Her current medications are: Diclofenac, Gabapentin, Buprenorphine, Baclofen, Synthroid, Coreg, Simvastatin, and Diltiazem. The treatment plan included: Gabapentin, Buprenorphine, and Baclofen. Physical therapy is noted to have failed. She is not working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Buprenorphine 0.25mg sublingual troches #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**Decision rationale:** Regarding the request for Suboxone, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Within the documentation available for review, it is unclear if the patient has been through a detoxification program or if she is currently in a program of recovery. Furthermore, the requesting physician has not indicated that the patient is compliant with the use of Suboxone, and has had no aberrant behavior noted. Lastly, the patient is not noted to have failed numerous other conservative treatment options, or that Suboxone significantly improves the patient's pain. As such, we currently requested Suboxone is not medically necessary.

#### **Baclofen 10mg tablets #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific objective functional improvement as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested Baclofen is not medically necessary.

#### **TENS unit (indefinite use): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.