

<b>Case Number:</b>	CM15-0020158		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/02/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Massachusetts

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 52 year old male, who sustained an industrial injury on July 2, 2007. The diagnoses have included diabetes, opioid dependence, post laminectomy syndrome and myofascial pain syndrome. A progress note dated November 19, 2014 provided the injured worker complains of shoulder and hip pain with occasional nerve pain in the hands and left foot. Pain is rated 7/10 and continuous. He has had shoulder surgery and lumbar laminectomy. On January 7, 2015 utilization review non-certified a request for Suboxone 8mg 2 times daily and Trazadone 20mg at bedtime and modified a request for Gabapentin 600mg 3 times daily , Baclofen 20mg 3 times daily and Cymbalta 90mg daily. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 2, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 8mg 2 times daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, p26 Page(s): 26.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic shoulder and low back pain. Treatments have included shoulder surgery in 2008 and a lumbar laminectomy in 2009. The claimant has tried to wean from opioids but has been unsuccessful due to withdrawal symptoms. In terms of Suboxone (buprenorphine), the claimant has attempted an opioid detoxification. Buprenorphine is recommended as an option for treatment of chronic pain in selected patients in the treatment of opioid dependence as in this case. It was therefore medically necessary. Buprenorphine, p26.

**Gabapentin 600mg 3 times daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18 Page(s): 16-18.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic shoulder and low back pain. Treatments have included shoulder surgery in 2008 and a lumbar laminectomy in 2009. A pain diagram shows back and radiating leg pain. Medications include gabapentin at a daily dose of 1200 mg. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of up to 1800 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant's gabapentin dosing is consistent with recommended guidelines and therefore medically necessary.

**Baclofen 20mg 3 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-64 Page(s): 63-64.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic shoulder and low back pain. Treatments have included shoulder surgery in 2008 and a lumbar laminectomy in 2009. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. It is therefore not medically necessary.

**Cymbalta 90mg daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44 Page(s): 43-44.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic shoulder and low back pain. Treatments have included shoulder surgery in 2008 and a lumbar laminectomy in 2009. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and therefore medically necessary.

**Trazadone 20mg at bedtime:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Mental Illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p14-16 Page(s): 14-16. Decision based on Non-MTUS Citation Trazodone Prescribing Information.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated for chronic shoulder and low back pain. Treatments have included shoulder surgery in 2008 and a lumbar laminectomy in 2009. Trazodone is an antidepressant medication. This class of medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the claimant has radiating pain consistent with a diagnosis of neuropathic pain as well as chronic low back pain. However, the recommended starting dose is 150 mg in divided doses daily. In this case, the dose being prescribed is below that recommended for an adult patient. There are no reported adverse medication side effects that would prevent a titration of the claimant's dose and therefore Trazodone 20 mg.