

<b>Case Number:</b>	CM14-0141967		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old male with a date of injury of 05/22/2008. The listed diagnoses are: chronic pain syndrome; pain in thoracic spine; sleep disturbance; spasm of muscle; dysthymic disorder; drug dependence, not otherwise specified; and depressive disorder. According to a progress report dated 4/25/2014, the patient presents with diffuse thoracic and low back pain. The patient's medication regimen includes Lidocaine 5%, Omeprazole 40mg, Oxycodone 2mg, Cymbalta 60mg, Etodolac 400mg, MS Contin 30mg, Mirtazapine 7.5mg, and Sonata 10mg. The physical examination revealed "patient's gait and movements are within baseline for their levels of function." This is a request for Clonidine 0.1mg, Suboxone 8mg, and trigger point injection to the thoracic area with fluoroscopy. Utilization review denied the request on 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonidine HCL 0.1mg three times a day as needed, #90 with 2 refills,:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) on Clonidine

**Decision rationale:** This patient presents with diffuse thoracic and low back pain. In reference to Clonidine, MTUS discusses its intrathecal use. For oral use, page 38 states that it can be used for secondary agents in treatment of CRPS (complex regional pain syndrome). Clonidine can also be used for epidural sympathetic blockage. The Utilization reviewer made peer contact with the requesting doctor's medical assistant, who indicated that the patient was prescribed this medication to wean him off narcotics. ODG does support the use of Clonidine up to 5 days following cessation of opiates to counter withdrawals. In this case, the patient is still on Oxycodone and MS Contin. However, given the treater's intent to wean the patient off of opiates, it is reasonable to allow that the patient can use Clonidine if necessary. Therefore the request is recommended as medically necessary.

**Suboxone 8mg-2mg sublingual film, 1 in the morning and 1 hour later as needed, #60 with 2 refills,:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** This patient presents with diffuse thoracic and low back pain. The treating physician is requesting Suboxone 8mg #60 with 2 refills. The MTUS, on pages 26-27, has the following regarding Buprenorphine: "recommended for treatment of opioid addiction. Also, recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The medical file provided for review does not provide any discussion regarding this request. The utilization reviewer made peer contact with the medical assistant who indicated that the patient was prescribed this medication to wean off narcotics. The patient's current list of medications includes Oxycodone and MS Contin. It is not clear where the patient is in the process of weaning opiates, but use of Suboxone can be quite helpful once the patient discontinues opiates. Therefore, the request is recommended as medically necessary.

**Trigger point injection to thoracic with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** This patient presents with diffuse thoracic and low back pain. The treating physician is requesting thoracic trigger point injection with ultrasound guidance. The MTUS Guidelines, on page 122 under the chronic pain section, has the following regarding trigger point injections: "recommended only for myofascial pain syndrome with limited lasting value; not recommended for radicular pain." The MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon

palpation of a twitch response as well as referred pain), symptoms persisting for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, the treating physician does not note trigger points on examination. There was no evidence of "twitch response" or taut bands as required by MTUS. Therefore, this request is not medically necessary.