

<b>Case Number:</b>	CM14-0093054		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/27/2002
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old female injured on 12/27/2002 due to an undisclosed mechanism of injury. diagnoses include postlaminectomy pain syndrome status post L5-S1 fusion, status post permanent spinal cord stimulator implantation, prior history of narcotic dependency, history of major depressive disorder, history of hypertension, peripheral edema, chronic pain syndrome, headache, xerostomia, and sleep disorder. Clinical note dated 07/09/14 indicates the injured worker presented complaining of residual low back tenderness requesting additional trigger point injections. The injured worker reported previous injections were quite effective in pain management and improved daily function. Objective findings include injured worker less uncomfortable than prior visits, gait grossly within normal limits, painful lumbar spine range of motion, and diffuse multifidus tenderness. Urine drug screen positive for tricyclic antidepressants, no narcotics or benzodiazepines detected. Treatment plan included repeat palliative multifidus trigger point injections to lumbar spine, renew suboxone 8 mg sublingual bid, Lyrica 75 mg tid, triamterene and lisinopril for blood pressure and diuresis, biotene mouthwash for xerostomia, and salagen 5 mg bid for xerostomia. The injured worker received trigger point injection with 10 ml of 0.5% bupivacaine in the multifidus area for tenderness and spasm during the office visit. Per clinical documentation, previous trigger point injection performed on 05/28/14. The initial request for Pilocarpine HCL 5 mg #60, buprenorphine-naloxone 8-2 mg #60, and one multifidus trigger point injection (bupivacaine 0.5%, 10 ml) was initially non-certified on 06/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pilocarpine HCL 5MG # 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nurse 2008, Feb , 12(1) 141-52 (55 references) PubMed External Web Site Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/salagen-drug/indications-dosage.htm>.

**Decision rationale:** A thorough search of current literature revealed oral SALAGEN Tablets are indicated for 1) the treatment of symptoms of dry mouth from salivary gland hypofunction caused by radiotherapy for cancer of the head and neck; and 2) the treatment of symptoms of dry mouth in patients with Sjogren's Syndrome. There is no indication in the documentation the injured worker has been diagnosed with or is being treated with either of these conditions. Additionally, there is no documentation regarding the benefit the injured worker derives from the medication to substantiate the continued use. As such, the request for Pilocarpine HCL 5MG # 60 cannot be recommended as medically necessary.

**Buprenorphine-Naloxone 8-2mg # 60: Upheld**

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

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

**Decision rationale:** As note on page 26 of the Chronic Pain Medical Treatment Guidelines, Butrans is recommended for treatment of opiate addiction and also as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Suggested injured worker populations include those with a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opioids. There is no indication of functional improvement as a result of medication use. As such, the request for 1 prescription of Buprenorphine-Naloxone 8-2mg # 60 is not supported as medically necessary.

**1 Multifidus trigger point injection (Bupivacaine 0.5 %, 10ml): Upheld**

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

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

**Decision rationale:** As noted on page 122 of the Chronic Pain Medical Treatment Guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The documentation failed to provide quantitative pain relief achieved and the trigger point injection were occurring approximately one month apart, exceeding current recommendations. As such, the request for 1 Multifidus trigger point injection (Bupivacaine 0.5 %, 10ml) cannot be recommended as medically necessary.