

<b>Case Number:</b>	CM15-0010765		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 54 year old male who sustained an industrial injury on 9/12/08. The injured worker reported symptoms in the shoulder. The diagnoses included arthropathy not otherwise specified of shoulder, pain in joint of shoulder. Treatments to date have included oral pain medications, status post right shoulder surgery, physical therapy, trigger point injections, transcutaneous electrical nerve stimulation unit, relaxation training, exercise and acupuncture. Provider documentation dated 1/7/15 noted the injured worker presents with "right shoulder pain...rates the pain as 7/10...characterized as aching and sharp...radiates to the neck and right shoulder." The treating physician is requesting Phenobarbital 32.4mg, per 01/09/2015 form for a quantity of 120, Clonidine 0.1mg, per 01/09/2015 for a quantity of 60, Gabapentin 400mg, per 01/09/2015 form for a quantity of 90, and Suboxone 8mg, per 01/09/2015 for a quantity of 100. On 1/16/15, Utilization Review non-certified a request for Phenobarbital 32.4mg, per 01/09/2015 form for a quantity of 120 modified to Phenobarbital 32.4mg, per 01/09/2015 form for a quantity of 60, non-certified Clonidine 0.1mg, per 01/09/2015 for a quantity of 60, non-certified Gabapentin 400mg, per 01/09/2015 form for a quantity of 90, Suboxone 8mg, per 01/09/2015 for a quantity of 100 modified to Suboxone 8mg, per 01/09/2015 for a quantity of 60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenobarbital 32.4mg, per 01/09/2015 form QTY:120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, p124 Page(s): 124. Decision based on Non-MTUS Citation Phenobarbital Prescribing Information

**Decision rationale:** The claimant has a history of a work injury occurring in September 2008 and continues to be treated for chronic right shoulder pain. Treatments have included arthroscopic surgery, TENS, physical therapy, trigger point injections, acupuncture, and medications. When seen by the requesting provider, the claimant was not having any medication side effects. Indications for the use of phenobarbital include as a sedative, for the relief of anxiety, tension and apprehension, as a hypnotic, for the short term management of insomnia, or as anticonvulsant, for the long term treatment of generalized tonicoclonic and partial (cortical focal) seizures. It is also used to treat symptoms associated with withdrawal from benzodiazepine medications. In this case, the claimant has none of these conditions is not taking a benzodiazepine medication. Therefore it is not medically necessary.

**Clonidine 0.1mg, per 01/09/2015 for QTY 60.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult notes that Clonidine (Catapres, Catapres-TIS, and Duraclon) is an oral and topical antihypertensive agent as well as an epidural agent for refractory cancer pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, p124 Page(s): 124. Decision based on Non-MTUS Citation Clonidine Prescribing Information

**Decision rationale:** The claimant has a history of a work injury occurring in September 2008 and continues to be treated for chronic right shoulder pain. Treatments have included arthroscopic surgery, TENS, physical therapy, trigger point injections, acupuncture, and medications. When seen by the requesting provider, the claimant was not having any medication side effects. Clonidine is indicated for the treatment of hypertension and is used to manage symptoms of opioid withdrawal. In this case, the claimant is taking Suboxone without reported adverse side effects at a stable dose. Clonidine was therefore not medically necessary.

**Gabapentin 400mg, per 01/09/2015 form QTY:90.00: Upheld**

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

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

**Decision rationale:** The claimant has a history of a work injury occurring in September 2008 and continues to be treated for chronic right shoulder pain. Treatments have included arthroscopic surgery, TENS, physical therapy, trigger point injections, acupuncture, and medications. When seen by the requesting provider, the claimant was not having any medication side effects. Oral 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. In this case, there is no diagnosis of neuropathic pain and therefore gabapentin was not medically necessary.

**Suboxone 8mg, per 01/09/2015 for QTY: 100.00: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) - Buprenorphine for chronic pain

**Decision rationale:** The claimant has a history of a work injury occurring in September 2008 and continues to be treated for chronic right shoulder pain. Treatments have included arthroscopic surgery, TENS, physical therapy, trigger point injections, acupuncture, and medications. When seen by the requesting provider, the claimant was not having any medication side effects. Suboxone (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids as in this case. It was therefore medically necessary.