MAXIMUS Federal Services

Case Number:	CM13-0025818		
Date Assigned:	11/20/2013	Date of Injury:	01/25/2010
Decision Date:	02/05/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabiliation, has a subspecialty in Sports Medicine and is licensed to practice in Oklahoma and 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 physician 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.

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 50-year-old female who reported an injury on 01/25/2010 due to a head injury sustained in a motor vehicle accident. Prior treatments included trigger point injections, physical therapy and medications. The patient's most recent clinical examination revealed the patient had persistent pain rated at 8/10 with medications to include Neurontin 300 mg and sublingual tablets of Subutex 2 mg. Physical findings included tenderness to palpation over the facet joints and trapezial area and paraspinal musculature of the cervical spine, and tenderness to palpation over the lower paraspinal musculature. The patient's diagnoses included lumbago. The patient's treatment plan was to continue medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex 2mg sublingual Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Buprenorphine Page(s): 60 and 26-27.

Decision rationale: The requested Subutex 2 mg sublingual Qty 60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic pain rated at 8/10 with medications. California Medical Treatment

Utilization Schedule recommends continued use of medications and the management of chronic pain is supported by pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient is receiving any effective pain relief as a result of this medication. The patient's documentation reflects that the patient's pain is consistently rated at 8/10 with medications. Additionally, there is no documentation to support functional benefit as it is related to this medication. Also, the clinical notes from 04/2013 indicate that the patient is not taking the medication appropriately to maximize benefit. Therefore, continued use would not be indicated. As such, the requested Subutex 2 mg sublingual Qty 60 is not medically necessary or appropriate.

Neurontin 300mg Qty 60 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic Pain and Antiepilepsy drugs (AEDs) Page(s): 16 and 60.

Decision rationale: The requested Neurontin 300 mg Qty 60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the continued use of medications and the management of chronic pain be supported by symptom relief and increased functional benefit. The clinical documentation submitted for review consistently provides evidence that the patient's pain levels are not improved with medication usage. Additionally, there is no documentation of functional benefit to support the continued use of this medication. As such, the requested Neurontin 300 mg Qty 60 with three refills is not medically necessary or appropriate