

Case Number:	CM13-0063413		
Date Assigned:	12/30/2013	Date of Injury:	12/06/2001
Decision Date:	03/27/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/10/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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. 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:

This patient is a 70 year old female with date of injury 12/6/01. The mechanism of injury is not described in the available medical records. The patient has complained of chronic lower back pain since the date of injury. The available medical records do not contain radiographic imaging. The patient has been treated with physical therapy, acupuncture and medications. Objective: tenderness of the lumbar spine with palpation, palpable muscle spasms in the lumbosacral musculature bilaterally. Diagnoses: lumbosacral strain. Treatment plan and request: Suboxone, Neurontin, Lamictal, Klonipin, Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for Suboxone 16mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This patient has complained of lower back pain since date of injury on 12/6/01. She has been treated with acupuncture, physical therapy and medications to include suboxone since at least 11/2012. No treating physician reports adequately address the specific

indications for the ongoing use of opioids. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing and an opioid contract. There is no evidence of specific functional benefit or adequate monitoring noted with the use of opioids thus far. On the basis of this lack of documentation, and per the MTUS guidelines cited above, The Decision for Prospective request for Suboxone 16mg is not medically necessary and appropriate.

Neurontin 300mg: Upheld

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 Anti-epilepsy drugs Page(s): 49.

Decision rationale: This patient has complained of lower back pain since date of injury on 12/6/01. She has been treated with acupuncture, physical therapy and medications to include neurontin since at least 11/2012. Per the MTUS guideline cited above, Neurontin is an anti-epileptic agent used to treat diabetic painful neuropathy, post herpetic neuropathy and is considered a first line treatment for neuropathic pain. There is no documentation in the available medical records that supports the presence of any of these medical conditions. On the basis of this lack of documentation, Decision for Neurontin 300mg is not medically necessary and appropriate.

Lamictal 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 19-20.

Decision rationale: This patient has complained of lower back pain since date of injury on 12/6/01. She has been treated with acupuncture, physical therapy and medications to include lamictal since at least 11/2012. Per the MTUS guideline cited above, Lamictal is an anti-epileptic drug used for the treatment of trigeminal neuralgia, HIV neuropathic pain and central post-stroke pain. None of these conditions are documented in this patient in the provided medical records. On the basis of this lack of documentation and the MTUS guideline cited above, Lamictal 100 mg is not indicated as medically necessary and appropriate.

Klonopin 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient has complained of lower back pain since date of injury on 12/6/01. She has been treated with acupuncture, physical therapy and medications to include klonopin for at least several months duration. Per the MTUS guideline cited above, klonopin is not recommended for long term use in the treatment of chronic pain and is recommended for no longer than 2-4 weeks if used at all. Per the MTUS guideline cited above, Klonopin is therefore not indicated as medically necessary in this patient as use of this medication has already exceeded the indicated recommended duration of use.

Trazodone 50-100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines serotonin reuptake inhibitors Page(s): 107.

Decision rationale: This patient has complained of lower back pain since date of injury on 12/6/01. She has been treated with acupuncture, physical therapy and medications to include trazodone since 11/2012. Trazodone is an antidepressant medication used for the treatment of depression, panic attacks and insomnia. There is inadequate documentation in the available medical records that describes ongoing symptoms of any of these diagnoses. Furthermore, these diagnoses are not listed as active medical problems in any of the provider notes. On the basis of this lack of documentation, Decision for Trazodone 50-100mg is not medically necessary and appropriate