

Case Number:	CM14-0044630		
Date Assigned:	07/30/2014	Date of Injury:	05/28/2009
Decision Date:	08/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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 Emergency Medicine, 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 has a reported date of injury on 5/28/2009. No mechanism of injury was provided for review. Patient has a diagnosis of Chronic pain, headaches, opioid dependence, cervical facet arthropathy and cervical radiculitis. Medical records reviewed. Last report available until 4/18/14. Patient complains of neck pain radiating to the right upper extremity and low back pains with radiation to right lower extremity. Pain worsens with activity. Some insomnia due to pain. Pain is 10/10 without medications and 7/10 with medications. The patient is reportedly able to perform some activity of daily living with pain medications. Patient reported has a pain contract. Side effects of medication reviewed. No aberrancy noted. Objective exam reveals tenderness to C4-7 with palpation. Decreased R sided sensation along C6-7 dermatome. Range of motion (ROM) of cervical spine is decreased due to pain. Positive Finkelstein's with R wrist. Note from 4/18/14 which a letter specific to appeal denial basically only states, ...patient has considerable pain with negative impact on function and has failed more conservative treatment, I do believe she should be authorized for treatment as requested. MRI of Cervical spine(2/1/12) reveals diffuse multilevel 1-2mm disc bulge from C4-5, C5-6 and C6-7. Degenerative disc changes. Moderate spinal canal narrowing at C5-6 and C4-5 and Neuroforaminal narrowing on the right side. Urine Drug Screen(2/5/14) was appropriate. EMG/NCV(2/1/12) reveals right C6 radiculopathy. No complete medication list was provided. The patient is reportedly on Suboxone, Carisoprodol, Topiramate and Restone. Independent Medical Review is for Suboxone 8mg-2mg SL film #30 and Topiramate 50mg #30. Prior UR on 3/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8 mg-2mg SL film #30: Overturned

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

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

Decision rationale: Suboxone is Buprenorphine with naloxone. As per MTUS Chronic pain guidelines, buprenorphine may be considered in patient with opiate addiction and/or chronic pain. It is safer and less addictive compared to other opioid medications. As per MTUS Chronic pain guidelines, documentation supports the continued ongoing management with appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has been on Suboxone for at least 6months and has stable improved pain on it. Continued use of Suboxone is medically necessary.

Topiramate 50 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs(AEDs) Page(s): 16-21.

Decision rationale: Topiramate is in the class of Antiepileptic Drugs(AEDs). AEDs are useful and effective in the treatment of certain neuropathic pains. As per MTUS Chronic Pain guidelines, Topiramate is a second line AED. It appears less effective against multiple neuropathic pains compared to other first line agents but may be considered if first line agents failed. There is no documentation of first line medication failure or trials of other trials of neuropathic pain treatments. The response to denial dated on 4/18/14 continues to fail the basic documentation needed to recommend this medication. The provided documentation does not support the use of a second line medication. Topiramate is not medically necessary.