

Case Number:	CM14-0048852		
Date Assigned:	06/25/2014	Date of Injury:	09/14/2001
Decision Date:	07/23/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain management 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:

According to the records made available for review, this is a 43-year-old male with a 9/14/01 date of injury. At the time (2/18/14) of request for authorization for 1 prescription of Suboxone 2 mg. # 60 with 3 refills, 1 prescription of Ambien 10 mg. # 60, and 1 prescription of Prilosec 20 mg. # 60, there is documentation of subjective (persistent neck and low back pain and objective (ongoing tenderness to palpation over the cervical and lumbar paraspinal muscles) findings, current diagnoses (chronic neck pain status post hardware removal and discectomy in August 2012 and chronic low back pain status post lumbar fusion L4 to S1), and treatment to date (ongoing therapy with Suboxone, Prilosec, Ambien, and Relafen since at least 1/7/13). In addition, medical report identifies that medications result in decreased pain levels and increased ability to exercise, walk, and perform activities of daily living. Regarding 1 prescription of Suboxone 2 mg. # 60 with 3 refills, there is no documentation of opioid dependence and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of the specific use of Suboxone. Regarding 1 prescription of Ambien 10 mg. # 60, there is no documentation of insomnia and short-term (less than two to six weeks) treatment. Regarding 1 prescription of Prilosec 20 mg. # 60, there is no documentation of risk for gastrointestinal event (age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for 1 prescription of Suboxone 2 mg. # 60 with 3 refills: Upheld

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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment guidelines identify documentation of opioid dependence as criteria necessary to support the medical necessity of Suboxone (Buprenorphine). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain status post hardware removal and discectomy and chronic low back pain status post lumbar fusion L4 to S1. However, there is no documentation of opioid dependence. In addition, given documentation of ongoing treatment with Suboxone since at least 1/7/13, and despite documentation that medications result in decreased pain levels and increased ability to exercise, walk, and perform activities of daily living, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of the specific use of Suboxone. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Suboxone 2 mg. # 60 with 3 refills is not medically necessary.

The prospective request for 1 prescription of Ambien 10 mg. # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem.

Decision rationale: The MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain status post hardware removal and discectomy and chronic low back pain status post lumbar fusion L4 to S1. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Ambien since at least 1/7/13, there is no documentation of short-term (less than two to six

weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Ambien 10 mg. # 60 is not medically necessary.

The prospective request for 1 prescription of Prilosec 20 mg. # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age over 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain status post hardware removal and discectomy and chronic low back pain status post lumbar fusion L4 to S1. However, despite documentation of ongoing treatment with Relafen (NSAID), there is no documentation of risk for gastrointestinal event (age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Prilosec 20 mg. # 60 is not medically necessary.