

<b>Case Number:</b>	CM14-0075454		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/18/2006
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 injured worker is a 53 year old female who is reported to have sustained work related injuries on 11/18/06. The record provides no data regarding the mechanism of injury. She is reported to have neck pain with radiation into the bilateral shoulders and upper extremities. Serial physical examinations note muscle spasms and reduced cervical range of motion. She is noted to have been on Suboxone 8mg 3 times a day for the last 5 years. She reports pain levels of 8/10 without medications and 3-4/10 with. The record contains a urine drug screen dated 01/13/14 which was consistent for the injured worker's medication profile. The record further contains a urine drug screen dated 06/30/14 which was inconsistent. Nucynta reported to be prescribed was negative. She was positive for Valium and Diazepam which was inconsistent with her profile. She was further noted to be positive for THCA. The record indicates that the injured worker has chronically been maintained on these medications. The record does not contain documentation of a pain management agreement. The record contains a utilization review determination dated 05/14/14 in which requests for Suboxone 8-2mg 1 film #90, Alprazolam 1mg #60, Alprazolam 0.5mg #60, Gabapentin 600mg #120, and Temazepam 30mg #30 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 8-2mg, 1 film, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Suboxone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Buprenorphine for chronic pain.

**Decision rationale:** The request for Suboxone 8-2mg, 1 film, #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has complaints of cervical myofascial spasm. Radiographs of the cervical spine reflect a mild degenerative disc space disease. There are no objective findings documented on physical examination of neuropathic findings. There is no documentation of opioid dependence and as such, the request would not be supported under CA MTUS.

**Alprazolam 1mg, #60:** 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:** The request for Alprazolam 1mg #60 is not supported as medically necessary. CAMTUS does not support the long term use of Benzodiazepines as the efficacy is unproven and there is a risk of dependence. There is no documentation of a current anxiety disorder and as such, medical necessity for the request is not established.

**Alprazolam 0.5mg, #60:** 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:** The request for Alprazolam 0.5mg #60 is not supported as medically necessary. CAMTUS does not support the long term use of Benzodiazepines as the efficacy is unproven and there is a risk of dependence. There is no documentation of a current anxiety disorder and as such, medical necessity for the request is not established.

**Gabapentin 600mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation PDR - Neurontin (Gabapentin), Official Disability Guidelines, Pain Chapter: Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The request for Gabapentin 600mg #120 is not supported as medically necessary. The submitted clinical records fail to document any objective findings associated with neuropathic pain. There is no evidence of a cervical radiculopathy and as such, this medication would not be clinically indicated and therefore, not medically necessary.

**Temazepam 30mg, #30:** 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:** The request for Temazepam 30mg #30 is not supported as medically necessary. CAMTUS does not support the long term use of Benzodiazepines as the efficacy is unproven and there is a risk of dependence. There is no documentation of a current anxiety disorder and as such, medical necessity for the request is not established.