

Case Number:	CM14-0190597		
Date Assigned:	01/07/2015	Date of Injury:	07/22/2003
Decision Date:	07/21/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56 year old male, who sustained an industrial injury on July 22, 2003. The injured worker was diagnosed as having myelopathy, post laminectomy with lumbar radiculitis, cervical radiculopathy, depressive disorder and anxiety with sleep difficulties. Treatment to date has included magnetic resonance imaging (MRI) and medication. A progress note dated October 6, 2014 provides the injured worker complains of increasing neck pain radiating to the left upper extremity. Physical exam notes positive Romberg test, inability to heel to toe walk and positive Spurling's sign. The plan includes magnetic resonance imaging (MRI), Atenolol, Subutex, Lipitor and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise suggestive of new pathology. Therefore, the request for an MRI of cervical spine is not medically necessary.

Prospective use of Subutex sublingual: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Buprenorphine for chronic pain, <http://www.odg-twc.com/>.

Decision rationale: According to ODG guidelines, Subutex "Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." There is no documentation that the patient fulfilled the above criteria. There is no documentation of functional improvement with previous use of Subutex. Therefore, the request for Subutex sublingual is not medically necessary.

Prospective use of Gabapentin 300mg: 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 Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There is no documentation that the patient sustained a neuropathic pain. Therefore, the prescription of Gabapentin 300mg is not medically necessary.