MAXIMUS Federal Services

Case Number:	CM14-0193713		
Date Assigned:	12/01/2014	Date of Injury:	09/01/1998
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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 is an injured worker with a history of lumbosacral spine injury. Date of injury was 9/1/98. The progress report dated 8/1/14 documented a history of multiple back surgeries including multilevel fusion, heart disease, and heart attack. The treating physician's progress report dated 9/19/14 documented GERD gastroesophageal reflux disease. The physical medicine and rehabilitation progress report dated October 13, 2014 documented that the patient reported being more active lately. He reports not needing to take Suboxone on a daily basis. He reports certain days not needing to take Suboxone but then will have days when the pain is unbearable and will need to take up to four films. Physical examination was documented. The patient was alert and oriented. Sensorium was clear. The patient was power wheelchair dependent. Assessment was failed back syndrome, back pain chronic, and work related injury. Regarding the treatment plan, the patient was instruct to continue Aspirin 325 mg, Lamotrigine, Metoprolol, Protonix, Suboxone, and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2-0.5mg Sublingual film #15 x 12 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310,Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. No physical examination of the lumbosacral spine was documented in the progress report dated October 13, 2014. Twelve months of the controlled substance Suboxone was requested. The request for 12 months of Suboxone is not supported by MTUS, which recommends frequent and regular review and re-evaluation of opioid prescriptions.Therefore, the request for Suboxone 2-0.5mg Sublingual film #15 x 12 months: is not medically necessary.

Flector Patch 1.3% #30 x12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter, Flector Patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113, 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. All nonsteroidal anti-inflammatory drugs (NSAIDs) have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). It is generally recommended that the lowest effective

dose be used for all NSAIDs for the shortest duration of time.Medical records indicate the long-term use of NSAIDs, which is not recommended by MTUS guidelines. The patient has been prescribed Aspirin 325 mg. Per MTUS, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. The progress report dated 8/1/14 documented a history of heart disease and heart attack. Per MTUS, all nonsteroidal anti-inflammatory drugs (NSAIDs) have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. The treating physician's progress report dated 9/19/14 documented GERD gastroesophageal reflux disease. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). The use of the topical NSAID Flector is not supported by MTUS guidelines.Therefore, the request for Flector Patch 1.3% #30 x12 months is not medically necessary.

Gabapentin 300mg #120 x 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22, 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a treatment for neuropathic pain. A good response to the use of antiepilepsy drugs (AEDs) has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The physical medicine and rehabilitation progress report dated October 13, 2014 did not document neuropathic pain. No physical examination of the lumbosacral spine was documented in the progress report dated October 13, 2014. The request for 12 months of Gabapentin is not supported by MTUS, which recommends regular review and re-evaluation of antiepilepsy drugs. Per MTUS, a clinically important response to the use of antiepilepsy drugs (AEDs) should be documented. Per MTUS, there should be documentation of pain relief and improvement in function. The continued use of AEDs depends on improved outcomes. The request for 12 months of Gabapentin is not supported my MTUS guidelines.Therefore, the request for Gabapentin 300mg #120 x 12 months is not medically necessary.

Vitamin D 2000U 2 x per day #60 x 12 months: 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) Chapter, Vitamin D

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Vitamin D. Official Disability Guidelines (ODG) indicate that Vitamin D is not recommended for the treatment of chronic pain.The physical medicine and rehabilitation progress report dated October 13, 2014 documented the assessment was failed back syndrome, back pain chronic, and work related injury. No physical examination of the lumbosacral spine was documented in the progress report dated October 13, 2014. Vitamin D was requested. Official Disability Guidelines (ODG) indicate that Vitamin D is not recommended for the treatment of chronic pain. Therefore, the request for Vitamin D is not supported by ODG guidelines.Therefore, the request for Vitamin D 2000U 2 x per day #60 x 12 months: is not medically necessary.