

Case Number:	CM14-0208745		
Date Assigned:	12/22/2014	Date of Injury:	12/31/2004
Decision Date:	02/25/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/12/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Patient is a 58 year-old female with date of injury 12/31/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/11/2014, lists subjective complaints as pain in the neck with radicular symptoms to the bilateral shoulders and upper extremities. Objective findings: Patient had abnormal sensation to light touch at the dorsolateral wrists and hands with hyperalgesia located over the ulnar and medial dermatomes of the left hand. Deep tendon reflexes at the triceps, biceps, and brachioradialis were 2+ and symmetrical. Grip strength was 5+ bilaterally. Abduction and adduction of the fingers was normal. There was tenderness to palpation over the carpometacarpal joint of the left thumb. Diagnosis: 1. cervical spinal stenosis 2. Carpal tunnel syndrome 3. Tenosynovitis, hand/wrist. Original reviewer modified medication request to Cyclobenzaprine 10mg, #30. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Buprenorphine 0.1mg sublingual troches #30, #120 SIG: one every 6-8 hours 2. Gralise ER 600mg, #48 SIG: one tablet po per day 3. Cyclobenzaprine 10mg, #60 SIG: one tablet po BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg sublingual troches #30 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27 and 28.

Decision rationale: According to the MTUS, Buprenorphine is recommended for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) there is no documentation that the patient is currently undergoing formal drug addiction treatment. Buprenorphine 0.1mg sublingual troches #30 #120 is not medically necessary.

Gralise ER 600mg #48: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gralise ER 600mg #48 is not medically necessary.

Cyclobenzaprine 10mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine 10mg #60 with 2 refills is not medically necessary.