

Case Number:	CM15-0011977		
Date Assigned:	01/29/2015	Date of Injury:	04/02/2001
Decision Date:	04/10/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 4/02/2001. The diagnoses have included chronic low back pain, left lumbar radiculopathy, prior lumbar fusion L4-5 and L5-S1 and major depressive disorder. Treatment to date has included transforaminal epidural steroid injections, surgical intervention and medication. Currently, the IW complains of continued low back pain, rated as a 9/10. Objective findings included an anxious distressed affect and no tenderness elicited on palpation of the cervical, thoracic or lumbar vertebral prominences or at the paraspinal musculature except in the left paralumbar area. On 1/13/2015, Utilization Review non-certified a request for Meloxicam 15mg #60, Gabapentin 800mg #120, and Ambien 10mg #30 and modified a request for Suboxone 8/2 #90 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM and ODG were cited. On 1/21/2015, the injured worker submitted an application for IMR for review of Meloxicam 15mg #60, Gabapentin 800mg #120, Suboxone 8/2 #90 and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #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 NSAIDs Page(s): 22, 67-70, 72 of 127.

Decision rationale: Meloxicam is an anti-inflammatory medication, which is considered a first-line agent to reduce pain and improve function for individuals with musculoskeletal issues. However, this request is for 15 mg twice daily. The maximum recommended daily dosage is 15 mg per day. There has also been no noted efficacy with this prior dosing for these reasons. This request for meloxicam is not medically necessary.

Gabapentin 800mg #120 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 AEDs Page(s): 18 of 127.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p17, "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 attached medical record indicates that the injured employee has been prescribed gabapentin for his anxiety symptoms as well as his mood. However, this medication has been weaned over the past several months without any change of the injured employee symptoms. It is also important to note that there is a concurrent prescription for antipsychotic medications. Considering the lack of efficacy of this medication, this request for gabapentin is not medically necessary.

Suboxone 8/2 #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27 of 127.

Decision rationale: According to the attached medical record, Suboxone is being used to treat the injured employee's history of opiate addiction. The UR physician noted that the same dosing of this medication has been prescribed for over one year's time, and that there has been a

continued prescription for this medication at the same dosage without any mention of planned weaning. With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor)." As the MTUS does not require mandatory weaning of this medication, the request is medically necessary.

Ambien 10mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress, zolpidem.

Decision rationale: The attached medical record employee has been prescribed Ambien for over one year's time. The official disability guidelines recommends that usage should be limited to 10 days time and indicates long-term usage of this medication can lead to tolerance, impaired function, and impaired memory. There is also concern that it may actually increase pain and depression over the long-term. For these reasons, this request for Ambien is not medically necessary.