

Case Number:	CM15-0140962		
Date Assigned:	07/30/2015	Date of Injury:	07/12/2002
Decision Date:	09/17/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female who sustained an industrial/work injury on 7-12-02. She reported an initial complaint of neck and right shoulder pain. The injured worker was diagnosed as having chronic pain syndrome, cervical spondylosis without myelopathy, cervical radiculopathy, brachial radiculitis, carpal tunnel syndrome, degeneration of cervical intervertebral disc, shoulder joint pain disorder, neck pain-headache, depressive disorder, right shoulder surgery, cannabis dependence in remission. Treatment to date includes medication and surgery (right shoulder). Currently, the injured worker complained of worsening neck pain rated 6 out of 10 with medication and 10 out of 10 without. There was also right shoulder pain and headaches. Per the primary physician's report (PR-2) on 2/26/15, exam notes anxiety and depression. Neck exam had normal findings. The requested treatments include Retrospective Suboxone 8/2 mg, Retrospective Gabapentin 300 mg #270 with 4 refills with a dos (date of service) of 6/26/2015, Retrospective Cymbalta 60 mg with a dos of 6/26/2015, and Retrospective Amitriptyline 25 mg with a date of service of 6/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Suboxone 8/2 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Suboxone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, while there is some pain relief noted, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Suboxone is not medically necessary.

Retrospective Gabapentin 300 mg #270 with 4 refills with a date of service of 6/26/2015:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, while some pain relief with medications in general is noted, there is no identification of any specific objective functional improvement from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.

Retrospective Cymbalta 60 mg #30 with 4 refills with a date of service of 6/26/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, while there is some pain relief from medications in general, there is no identification that the Cymbalta provides any specific objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested duloxetine (Cymbalta) is not medically necessary.

Retrospective Amitriptyline 25 mg #60 with 4 refills with a date of service of 6/26/2015:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for Elavil (amitriptyline), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, while there is some pain relief from medications in general, there is no identification that the Elavil provides any specific objective functional improvement or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Elavil is not medically necessary.