

Case Number:	CM15-0144958		
Date Assigned:	08/05/2015	Date of Injury:	07/17/2013
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: Internal 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 57 year old female, who sustained an industrial injury on December 29, 2011, incurring bilateral hand injuries. She was diagnosed with bilateral severe carpometacarpal degenerative joint disease with subluxation of the joints, bilateral DeQuervains tenosynovitis and carpometacarpal cartilaginous destruction bilaterally. She underwent bilateral carpometacarpal arthroplasty. Treatment included anti-inflammatory drugs, cortisone injections, splinting, pain medications, proton pump inhibitor, topical analgesic cream, occupational therapy, physical therapy, modified activities and home exercise program. Currently, the injured worker complained of constant left wrist and thumb pain and right wrist and thumb pain. She noted stiffness, tightness, inflammation and limited range of motion in both hands. The treatment plan that was requested for authorization included twelve sessions of occupational therapy, toxicology screening and a prescription for Ketoprofen topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 16, 17, and 18.

Decision rationale: Neurontin or Gabapentin is used mainly to treat neuropathic pain and especially for the treatment of post herpetic neuropathy. The MTUS states that Neurontin is an anticonvulsant and it reduces hypersensitivity, specifically allodynia and hyperalgesia. It also is effective for treatment of anxiety and is an aid to sleep. It is described as a first line treatment of neuropathic pain, which is most commonly caused by D.M. It has also been found beneficial to treat post "stroke pain and managing fibromyalgia pain and lumbar stenosis pain. However, it has not been found beneficial for myofascial pain or axial low back pain. Lastly, there is insufficient evidence to recommend it for combined treatment with morphine for DM neuropathic pain. The above patient's pain is secondary to arthritis and soft tissue pain in the wrist and hand. Despite surgery, her pain continues. However, her pain is not neuropathic in nature and that is the primary indication for utilizing Neurontin in pain control. Therefore, the UR decision is upheld. The request is not medically necessary.

60 Sublingual troches of buprenorphine 0.1 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section Page(s): 25, 26, 27, and 75.

Decision rationale: Suboxone, or Buprenorphine, is a partial agonist antagonist which stimulates the analgesic portion of the opioid receptor while blocking or having little or no effect on toxicity and has a lower abuse potential than the opioids that are pure agonists. It is a Schedule 111 medication, a partial agonist at mu-receptor and antagonist at the kappa receptor. In Europe it has a transdermal formulation to treat chronic pain. Hallucinations and dysphoria can be caused. It is a recommended treatment of opioid addiction and an option in treating chronic pain, especially after detoxification of a patient with a history of opioid addiction . The advantages this drug has for treating chronic pain are; 1- No analgesic ceiling, 2- Good safety profile, especially in regards to respiratory depression, 3- Low abuse potential, 4- Ability to supervise opioid withdrawal, and 5- Its anti-hyperalgesic effect. Suboxone is the recommended treatment for opioid addiction because of its unique pharmacological and safety profile. It encourages treatment adherence and reduces the possibility of overdose and abuse. It is as effective as Methadone in opioid maintenance treatment. However, few studies have been reported in its efficacy in completely withdrawing patients from opioids. The above patient has chronic pain despite aggressive treatment with surgery. She has also had a multitude of other treatment modalities. At this point, it is not inappropriate to use narcotic treatment. Buprenorphine offers the advantage of a good safety profile and low abuse potential. This treatment is considered medically necessary and the UR decision is reversed.