

<b>Case Number:</b>	CM15-0164366		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/03/2002
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 65 year old male who sustained an industrial injury on 5-3-02. Diagnoses include chronic pain syndrome; degeneration of lumbar intervertebral discs; lumbar post- laminectomy syndrome; fibromyositis; psychophysiologic disorder. He currently complains of severe low back pain that has been helped by the addition of Celebrex per &-23-15 note; sleep disturbances. Prior treatments included multiple surgeries of the lumbosacral area, shoulder; medications (current) Celebrex, Clonazepam, fenofibrate, methadone, Neurontin, omeprazole, ranitidine, Senna Lax, Suboxone; home exercise program. In the progress note dated 8-12-15 the treating provider's plan of care included requests to continue omeprazole as a prophylactic as the injured worker has a history of upper gastrointestinal bleeding (per 8-12-15 note); Suboxone continue to taper dose as it has been ineffective; continue Clonazepam for muscle spasms; Senna Lax for prevention of induced constipation; Neurontin for neuropathic pain. The request for authorization dated 8-13-15 requested omeprazole 40 mg #30 with 2 refills as a prophylactic as the injured worker has a history of upper gastrointestinal bleeding (per 8-12-15 note); Suboxone 6 mg-2mg #120 continue to taper dose as it has been ineffective; continue Clonazepam 0.5mg #120 for muscle spasms; Senna Lax 8.5mg #180 with 2 refills for prevention of induced constipation; Neurontin 300mg #90 with 3 refills for neuropathic pain. The original utilization review dated 8-17-15 non-certified the omeprazole 40 mg #30 with 2 refills as a prophylactic as the injured worker has a history of upper gastrointestinal bleeding (per 8-12-15 note); partial certification for Suboxone 6 mg-2mg #120 continue to taper dose as it has been ineffective; continue partial certification of Clonazepam 0.5mg #120 for muscle spasms; partial certification of Senna Lax 8.5mg #180 with 2 refills for prevention of induced constipation; partial certification for Neurontin 300mg #90 with 3 refills for neuropathic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 6mg-2mg sublingual film Qty: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the ODG, Suboxone is available as a sublingual tablet or film formulation of Buprenorphine and Naloxone. The guidelines note that Buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Buprenorphine pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Naloxone is an opioid antagonist. The documentation provided did not include objective, measurable improvements in the injured worker's pain, function, and ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical care with use of the Suboxone. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Clonazepam 0.5mg Qty: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

**Decision rationale:** According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Clonazepam (Klonopin) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Clonazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that supports the long-term use of benzodiazepines. In this case, there was no documentation of the indication and duration of use. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Omeprazole 40mg Qty: 30 plus 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors (PPIs), such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

**Neurontin 300mg Qty: 90 plus 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

**Decision rationale:** Gabapentin (Neurontin) is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The records document that the patient has reported radiculopathy related to his chronic low back condition, without evidence of neuropathic pain. There is no documentation of objective findings consistent with current neuropathic pain to necessitate the use of Gabapentin. In addition, there is no documentation of benefit from the previous use of Gabapentin. Medical necessity for Gabapentin has not been established. The requested medication is not medically necessary.

**Senna Lax 8.5mg Qty: 180 plus 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. Senna is a stimulant laxative and is used to relieve occasional constipation. In this case, with non-approval of opioid use, the medical necessity of Senna Lax has not been established. The requested medication is not medically necessary