MAXIMUS Federal Services

Case Number:	CM15-0183241		
Date Assigned:	09/24/2015	Date of Injury:	02/08/1992
Decision Date:	11/24/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 54 year old male, who sustained an industrial injury on 2-8-1992, resulting in contusion and severe head injury. A review of the medical records indicates that the injured worker is undergoing treatment for traumatic brain injury, cognitive losses due to closed head injury, depression, and anxiety, posttraumatic epilepsy, lumbar degenerative disc disease, chronic pain, post-concussion seizures, post-concussion syndrome, and status post left orbital fracture. On 8-19-2015, the injured worker reported neck pain and headaches. The Treating Physician's report dated 8-19-2015, noted the injured worker had a BPI (Brief Pain Inventory) score of 4 and a BPI interference score of 4. The Physician noted that the injured worker had done so well on the Buprenorphine that transition to a sublingual formation for flexibility of dosing was recommended, noting this would also eliminate the need for Oxycodone. The injured worker's medications were listed as Butrans, Oxycodone, Gabitril, Clonazepam, Ambien, Adderall, Lexapro, Inhalers, APAP, ASA, and Motrin. The injured worker was noted to have trialed Zoloft with blurry vision reported. The injured worker's pain rating over the last week was noted to be 6 at its worse, 3 at its least, 4 initially, and 4 on average. Vertigo and dizziness occurring intermittently and lasting for weeks at a time, with Meclizine used, and constant anxiety and panic attacks every few weeks were all noted. The physical examination was noted to show the cervical spine tight and tender with limited range of motion (ROM) and multiple trigger points and tender points noted throughout the spinal area, with lumbar spine noted to be diffusely tender. The Physician noted the injured worker's case met the criteria for catastrophic injury. The treatment plan was noted to include a request for authorization for Suboxone in place

of the Butrans patch with plan to discontinue the Oxycodone if authorized, and continue the other medications of Gabitril, Clonazepam, Ambien, Adderall, and Lexapro, all prescribed since at least 3-4-2015.On 6-24-2015, the injured worker's BPI severity score was noted to be 6 with a BPI interference score of 6, with pain ratings of 6 at its worse, 3 at its least, and 4 on average, consistent with the 5-27-2015 report. On 4-29-2015, the injured worker's BPI severity and interference scores were 6 with the worst pain rated an 8, least pain a 3, and average pain a 5.The request for authorization dated 8-19-2015, requested Suboxone Film 8mg, #90 with 3 refills, Gabitril 12mg, #60 with 3 refills, Adderall XR (extended release) 20mg, #30 with 3 refills, Lexapro 20mg, #30 with 3 refills, Ambien 10mg, #30 with 3 refills, and Clonazepam 1mg, #60 with 3 refills. The Utilization Review (UR) dated 8-21-2015, modified the requests for Suboxone Film 8mg, #90 with 3 refills to approve Suboxone Film 8mg, #90 and non-certify the 3 refills, Gabitril 12mg, #60 with 3 refills, to approve Gabitril 12mg, #60 2 refills and non-certify 1 refill, Adderall XR (extended release) 20mg, #30 with 3 refills to approve the Adderall XR 20mg, #30 2 refills and non-certify 1 refill, and Lexapro 20mg, #30 with 3 refills to approve Lexapro 20mg, #30 and non-certify 1 refill, and non-certified the requests for Ambien 10mg, #30 with 3 refills, and Clonazepam 1mg, #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone Film 8mg, #90 with 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): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Buprenorphine for chronic pain.

Decision rationale: Buprenorphine is a schedule-III controlled substance. Per guidelines, Butrans patch (Buprenorphine) is recommended as an option for treatment of chronic pain in selected patients, including those with a hyperalgesic component to pain, centrally mediated pain, neuropathic pain or at high-risk of non-adherence with standard opioid maintenance. It is also recommended for analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Documentation provided for review indicates that the injured worker has chronic pain syndrome, with current request to transition from Butrans- patch to a sublingual formation for flexibility of dosing. Physician reports fail to show significant objective improvement in pain or level of function to justify the continued use of Buprenorphine. Furthermore, as noted above, use of this medication with formulations other than Butrans patch is off-label. The request for Suboxone Film 8mg, #90 with 3 refills is not medically necessary per guidelines.

Gabitril 12mg, #60 with 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). 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. Tiagabine (Gabitril), is one of several antiepileptic drugs recently approved. ODG states that while this drug may be effective for neuropathic pain, the ultimate role of Gabitril in the treatment of pain requires further research and experience. Per guidelines, these agents should be used to treat neuropathic pain only when Carbamazepine, gabapentin, or Lamotrigine cannot be used. The injured worker has chronic pain and is diagnosed with posttraumatic epilepsy. Although treatment with anti-epileptic drugs is indicated, other medication options remain available, as documentation fails to show evidence of prior failed treatment or adverse side effects with recommended first line drugs to establish the medical necessity for the use of Gabitril. The request for Gabitril 12mg, #60 with 3 refills is not medically necessary by guidelines.

Adderall XR (extended release) 20mg, #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 Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com/contents/.

Decision rationale: MTUS does not address this request. Adderall is a Central Nervous System Stimulant drug used for the treatment of Adult Deficit Hyperactive Disorder (ADHD) and Narcolepsy. Documentation provided for review indicates that Adderall XR is prescribed for improved cognition secondary to head trauma and mood disorder. There is lack of physician report demonstrating that the injured worker has a diagnosis that meets guideline criteria for the use of this medication. The request for Adderall XR (extended release) 20mg, #30 with 3 refills is not medically necessary per guidelines.

Lexapro 20mg, #30 with 3 refills: Overturned

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): Antidepressants for chronic pain.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Selective

Serotonin Reuptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. In addition, these drugs have not been shown to be effective for low back pain. The main role of SSRIs is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. According to chart documentation, the injured worker is diagnosed with depression, and anxiety with complaints of symptoms of anxiety. Not having maximized medication management, the recommendation to continue Lexapro is reasonable. The request Lexapro 20mg, #30 with 3 refills 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 (ODG), Chronic Pain - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: MTUS does not address this request. Zolpidem is a prescription short- acting nonbenzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Documentation indicates that the injured worker has sleep disturbance secondary to mood and pain, and has been prescribed hypnotics for a period longer than recommend guidelines. The medical necessity for continued use of Ambien has not been established. The request for Ambien 10mg, #30 with 3 refills is not medically necessary based on ODG.

Clonazepam 1mg, #60 with 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): Benzodiazepines.

Decision rationale: Clonazepam is a Benzodiazepine used in the treatment of Seizures and Panic disorder. Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time than recommended by guidelines. The request for Clonazepam 1mg, #60 with 3 refills is not medically necessary by MTUS.