

Case Number:	CM15-0185431		
Date Assigned:	09/25/2015	Date of Injury:	11/29/2006
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 39-year-old male, with a reported date of injury of 11-29-2006. The diagnoses include lumbar spine disc displacement, lumbosacral neuritis and radiculitis, and cervical spine disc displacement. Treatments and evaluation to date have included Suboxone (since at least 02-2014), Gabapentin (since at least 02-2014), Ibuprofen, and Neurontin (since at least 02-2014). The diagnostic studies to date have included a urine drug screen on 03-27-2015 with consistent findings. The progress report dated 09-09-2015 indicates that the injured worker complained of back pain. It was noted that the injured worker was taking his medications as prescribed. The treating physician noted that the "pain is moderately controlled." Most of the pain was across his low back. On 08-14-2015, the injured worker reported that the pain was rated 7 out of 10 at its least; 10 out of 10 at its worst; and the current pain level was rated 7 out of 10. The physical examination showed pain over the lumbar intervertebral spaces on palpation; a normal gait; and pain caused by anterior lumbar flexion. There was documentation that there was no evidence of abuse, diversion, or hoarding related to the use of medications. The treating physician noted that the narcotic medications were providing pain relief and improvement in activities of daily living; and that there were no significant adverse side effects. The treating physician also noted that all patients sign a pain agreement, which is kept on file; and the patient compliance is monitored by CURES reports and urine drug screening. The treatment plan included the prescription of Suboxone and Neurontin. The injured worker's work status was deferred to the primary treating physician. The treating physician requested Neurontin 300mg #120, one capsule four times a day for 30 days (dispensed 09-09-2015) and Suboxone 8mg-2mg sublingual film #30, one unit daily for 30 days (dispensed 09-09-2015). On 09-17-2015, Utilization Review (UR) non-certified the request for Neurontin 300mg #120, one capsule four times a day for 30 days and Suboxone 8mg-2mg sublingual film #30, one unit daily for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, 1 capsule four times a day for 30 days, #120, dispensed on 09/09/15:
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): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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". Based on the clinical documentation provided, there is evidence of neuropathic type pain or radicular pain on exam or subjectively. As such, without any evidence of neuropathic type pain, the request for Neurontin 300mg, 1 capsule four times a day for 30 days, #120, dispensed on 09/09/15 is medically necessary.

Suboxone 8mg-2mg sublingual film 1 unit every day for 30 days, #30, dispensed on 09/09/15: 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) Chronic Pain, Butrans.

Decision rationale: MTUS states that Suboxone, which is a brand name of the drug known as buprenorphine, is "recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." ODG states "Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence." The ODG states that Suboxone is "recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) 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. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." The employee is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Suboxone instead of one of the first line agents. Therefore, the request for Suboxone 8-2mg sublingual film 1 unit every day for 30 days, #30, dispensed 09/09/15, is not medically necessary.