

Case Number:	CM15-0187621		
Date Assigned:	09/29/2015	Date of Injury:	06/01/2011
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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, Indiana, 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 35 year old male with a date of injury on 06-01-2011. The injured worker is undergoing treatment for cervicgia, and severe generalized pain syndrome. A physician progress note dated 08-05-2015 documents the injured worker complains of shoulder pain. In a physician note dated 09-08-2015 the injured worker has shoulder pain that he rates as 10 out of 10 without medications and 5 out of 10 with medications. He has more energy and less pain. On examination he is much less sensitive to palpation and range of motion of limbs shoulder and legs. Belsomra allowed him to sleep more. He was using Butrans patch with benefit. He received Buprenorphine 8mg tablets but he was better with using the patch. He was doing better with his current medication regime. Several documents within the submitted medical records are difficult to decipher. Prescriptions were given to the injured worker for Nucynta, Gralise, Lyrica, Butrans patch, Buprenorphine 8mg tablets, Naltrexone, and Belsomra. On 09-16-2015 Utilization Review modified the request for Belsomra 20mg #30 to Belsomra 20mg #15 for weaning. The request for Gralise 600mg #90 was modified to Gralise 600mg #45 for weaning. The request for Naltrexone 2.5mg #60 was modified to Naltrexone 2.5mg #30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90: 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 section, Gralise.

Decision rationale: Pursuant to the Official Disability Guidelines, Gralise 600 mg #90 is not medically necessary. Gralise is not recommended. There is no evidence to support use of Gralise for neuropathic pain conditions without trial of generic gabapentin regular release. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are neuropathy; limb pain; neck pain and cervicalgia. Date of injury is June 1, 2011. Request for authorization is September 9, 2015. There is a single progress note in the medical record dated September 22, 2015. According to the progress note dated September 22, 2015, subjectively the injured worker states Belsomra is working and he is sleeping better. The injured worker ran buprenorphine. Current medications indicate the treating provider prescribed Gralise 600 mg three tablets by mouth with the evening meal. Additional medications include buprenorphine, Lyrica, and Nucynta. Objectively, there is tenderness over the cervical paraspinal muscle extensors. There is pain in the shoulder range of motion, although range of motion is full. Motor function is 5/5. There is no documentation in the medical record of a failed trial with generic gabapentin. There is a single progress note (as noted above) and no documentation demonstrating objective functional improvement with ongoing gabapentin or Gralise. The guidelines do not recommend Gralise. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for Gralise without a trial of generic gabapentin and no documentation demonstrating objective functional improvement, Gralise 600 mg #90 is not medically necessary.

Naltrexone 2.5mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Naltrexone and Other Medical Treatment Guidelines www.nlm.nih.gov/medlineplus/druginfo/meds/a685041.html.

Decision rationale: Pursuant to Medline plus, Naltrexone 2.5 mg #60 is not medically necessary. Naltrexone is recommended as a second line option for opiate dependence detoxification treatment. Naltrexone is used along with counseling and social support to help people who have stopped drinking alcohol and using street drugs continue to avoid drinking or using drugs. Naltrexone should not be used to treat people who are still using street drugs or

drinking large amounts of alcohol. Naltrexone is in a class of medications called opiate antagonists. It works by decreasing the craving for alcohol and blocking the effects of opiate medications and opioid street drugs. In this case, the injured worker's working diagnoses are neuropathy; limb pain; neck pain and cervicalgia. Date of injury is June 1, 2011. Request for authorization is September 9, 2015. There is a single progress note in the medical record dated September 22, 2015. According to the progress note dated September 22, 2015, subjectively the injured worker states Belsomra is working and he is sleeping better. The injured worker ran out of buprenorphine. Current medications indicate the treating provider prescribed Gralise 600 mg three tablets by mouth with the evening meal. Additional medications include buprenorphine, Lyrica, and Nucynta. Objectively, there is tenderness over the cervical paraspinal muscle extensors. There is pain in the shoulder range of motion, although range of motion is full. Motor function is 5/5. Naltrexone is a medication that reverses the effects of opiates and is used primarily in the management of alcohol dependence and opiate dependence. This medication is a second line option for opiate dependence detoxification treatment (first line methadone or buprenorphine). The documentation indicates the injured worker has a beneficial response with buprenorphine. There is no clinical indication or rationale for a second line option, Naltrexone. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for a second line opiate detoxification treatment and no documentation of failed first-line opiate detoxification treatment with no clinical indication or rationale, Naltrexone 2.5 mg #60 is not medically necessary.

Belsomra 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress; Belsomra.

Decision rationale: Pursuant to the Official Disability Guidelines, Belsomra 20 mg #30 is not medically necessary. Belsomra is not recommended as a first line treatment due to adverse effects. See the guidelines for additional details. In this case, the injured worker's working diagnoses are neuropathy; limb pain; neck pain and cervicalgia. Date of injury is June 1, 2011. Request for authorization is September 9, 2015. There is a single progress note in the medical record dated September 22, 2015. According to the progress note dated September 22, 2015, subjectively the injured worker states Belsomra is working and he is sleeping better. The injured worker ran out of buprenorphine. Current medications indicate the treating provider prescribed Gralise 600 mg three tablets by mouth with the evening meal. Additional medications include buprenorphine, Lyrica, and Nucynta. Objectively, there is tenderness over the cervical paraspinal muscle extensors. There is pain in the shoulder range of motion, although range of motion is full. Motor function is 5/5. The guidelines indicate Belsomra is not indicated as a first-line treatment due to its adverse effects. The documentation indicates a good response to Belsomra, however, there is no documentation of failed first-line treatment. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of failed first-line treatment and no clinical indication or rationale for Belsomra, Belsomra 20 mg #30 is not medically necessary.