

Case Number:	CM15-0204568		
Date Assigned:	10/21/2015	Date of Injury:	10/13/2003
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male, who sustained an industrial injury on 10-13-2003. Diagnoses include major depressive disorder, status post lumbar fusion, and opiate dependency. The records indicated chronic low back pain treated with oral medication therapy. On 8-31-15, current medications included Tramadol 50mg, six tablets daily, Suboxone 8-2mg twice daily, Pristiq ER 100mg daily, Ambien 10mg every night, and Lidocaine 5% patch daily. These medications had been prescribed for greater than one year. The record documented post acute withdrawal symptoms off Suboxone. The provider documented increased agitation and anxiety without medications. It was further documented by the provider "I feel he needs Tramadol and Pristiq and Suboxone for one to two years to wean off." There was no physical examination documented. There was no objective documentation regarding pain relief or functional ability with or without medication. The plan of care included ongoing medication therapy. The appeal requested authorization for prescriptions of Pristiq 100mg with 23 refills; Suboxone 8-2mg with 23 refills; and Tramadol 50mg with 23 refills. The Utilization Review dated 9-29-15, modified the request to allow Pristiq 100mg #60; Suboxone 8-2mg #90; and Tramadol 50mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 100 mg prescription, with 23 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Desvenlafaxine (Pristiq).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Desvenlafaxine (Pristiq).

Decision rationale: Pristiq 100 mg prescription, with 23 refills is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The ODG states that Pristiq is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). The request cannot be certified as medically necessary. The MTUS recommends monitoring of efficacy prior to continuing medications. This request does not specify a quantity and the request for 23 refills of this medication is not appropriate. Therefore, this request is not medically necessary.

Suboxone 8/2 mg prescription, with 23 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Buprenorphine.

Decision rationale: Suboxone 8/2 mg prescription, with 23 refills is not medically necessary per the MTUS Guidelines. Suboxone is used for opioid dependence. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends monitoring of efficacy prior to continuing medications. This request does not specify a quantity and the request for 23 refills of this medication is not appropriate. Therefore, this request is not medically necessary.

Tramadol 50 mg prescription, with 23 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: Tramadol 50 mg prescription, with 23 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Tramadol is a synthetic opioid affecting the central nervous system. The MTUS recommends monitoring of efficacy prior to continuing medications. This request does not specify a quantity and the request for 23 refills of this medication is not appropriate. Therefore, this request is not medically necessary.