

Case Number:	CM15-0213464		
Date Assigned:	11/03/2015	Date of Injury:	01/02/2003
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/29/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47 year old male, who sustained an industrial injury on 1-2-03. The injured worker was being treated for cervical radiculopathy, cervicgia, lumbar degenerative disc disease, lumbar dysfunction, lumbar radiculopathy and meralgia paresthetica. On 10-9-15, the injured worker complains of neck pain rated 5 out of 10 and intermittent low back pain. It is noted he had a fall 3-13-15 and was hospitalized for 5 weeks with a spinal cord injury; pain level is noted to be the same as prior to the fall. Documentation does not indicate pain level prior to or following administration of medications, duration of pain relief or improvement in function with use of medications. Work status is unclear. Physical exam performed on 8-19-15 revealed ambulation with a walker and physical exam was not noted on 10-9-15. Treatment to date has included oral medications including Buprenorphine 8mg, Norco 5-325mg, Suboxone and Soma. The treatment plan included request for refilling of Buprenorphine and trial of Baclofen. Request for authorization submitted on 10-16-15 for Buprenorphine 8 mg #60 with 2 refills and Baclofen 10mg #60 with 2 refills. On 10-23-15 request for Buprenorphine 8 mg #60 with 2 refills was modified to #60 with 0 refills and Baclofen 10mg #60 with 2 refills was modified to #60 with 0 refills by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Buprenorphine 8mg #60 with 1 refill: 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): 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 patient is using this medication for chronic pain. There is medical documentation to meet the above criteria. Therefore, the request for 1 Prescription of Buprenorphine 8mg #60 with 1 refill is medically necessary.

1 Prescription of Baclofen 10mg #60 with 1 refill: 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): Muscle relaxants (for pain).

Decision rationale: Baclofen is classified as a muscle relaxant. MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states "Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)." The treating physician has provided documentation of muscle spasms related to a spinal cord injury. Additionally, the treating physician has provided documentation of trials and failures of first line therapies. As such, the request for 1 Prescription of Baclofen 10mg #60 with 1 refill is medically necessary.