

<b>Case Number:</b>	CM15-0217071		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 39 year old male who sustained an industrial injury on 11-29-2006. A review of the medical records indicated that the injured worker is undergoing treatment for herniated lumbar disc without myelopathy, degenerative lumbar spinal stenosis and chronic lumbar radiculopathy. According to the treating physician's progress report on 10-07-2015, the injured worker continues to experience achy, chronic low back pain. Observation noted the injured worker was able to transition on and off examination table. No scoliosis was present. Examination demonstrated pain to palpation over the lumbar intervertebral discs and pain bilaterally of the lumbar facets at L3-S1 region. No palpable trigger points were noted of the lumbar spinal muscles. Straight leg raise was positive on the right at 60 degrees and negative on the left. The bilateral sacroiliac (SI) joints and the greater trochanteric bursa were negative for tenderness. Anterior flexion was documented at 30 degrees and extension at 10 degrees, both causing pain. Current medications were listed as Suboxone and Gabapentin. The injured worker has been on both medications since at least 03-2015. A urine drug screening in 03-2015 was inconsistent for prescribed medications. The injured worker admitted to taking non-prescribed Oxycodone and Morphine Sulfate. Treatment plan consists of scheduling an authorized neurosurgical spine consultation, detox facility due to Suboxone and opiate usage and the current request for Neurontin 300mg, 4 times a day #120 and Suboxone 8mg -2mg sublingual film, one (1) unit daily, #30. On 10-23-2015 the Utilization Review determined the request for Neurontin 300mg, 4 times a day #120 and Suboxone 8mg -2mg sublingual film, one (1) unit daily, #30 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg, one (1) QID #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**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, Antiepilepsy drugs (AEDs), Neurontin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 300 mg one tablet four times a day #120 is not medically necessary. 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 degenerative lumbar spinal stenosis; chronic lumbar radiculopathy; and herniated lumbar disc without myelopathy. Date of injury is November 29, 2006. Request for authorization is October 8, 2015. According to the earliest utilization review dated June 19, 2014, Suboxone was certified for weaning purposes. There is no documentation in the medical record of opiate dependence or abuse. There is no clinical indication for Suboxone. Neurontin was prescribed according to the utilization review dated June 19, 2014. A urine drug screen dated March 2015 was inconsistent. Oxycodone was detected, but not prescribed. Suboxone was detected and prescribed. The injured worker admitted taking a friend's morphine. According to an October 7, 2015 progress note, the injured worker has ongoing low back pain. Objectively, there is lumbar decreased range of motion with tenderness to palpation of the lumbar spine. There was positive straight leg raising on the right. According to the utilization review dated September 17, 2015, Neurontin was not certified. There is no documentation demonstrating objective functional improvement to support ongoing Neurontin (gabapentin). Based on the clinical information in the medical record, peer-reviewed evidence based guidelines, no documentation indicating objective functional improvement with decreased neuropathic symptoms and or signs and non-certification of Neurontin in a September 17, 2015 request, Neurontin (Gabapentin) 300 mg one tablet four times a day #120 is not medically necessary.

**Suboxone 8mg -2mg sublingual film, one (1) unit QD, #30: Upheld**

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

**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, Suboxone.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Suboxone 8 mg 2 mg sublingual film, one (1) unit daily #30 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are degenerative lumbar spinal stenosis; chronic lumbar radiculopathy; and herniated lumbar disc without myelopathy. Date of injury is November 29, 2006. Request for authorization is October 8, 2015. According to the earliest utilization review dated June 19, 2014, Suboxone was certified for weaning purposes. There is no documentation in the medical record of opiate dependence or abuse. There is no clinical indication for Suboxone. Neurontin was prescribed according to the utilization review dated June 19, 2014. A urine drug screen dated March 2015 was inconsistent. Oxycodone was detected, but not prescribed. Suboxone was detected and prescribed. The injured worker admitted taking a friend's morphine. According to an October 7, 2015 progress note, the injured worker has ongoing low back pain. Objectively, there is lumbar decreased range of motion with tenderness to palpation of the lumbar spine. There was positive straight leg raising on the right. The treating provider indicated this was the last Suboxone prescription based on the continued use of opiates not prescribed. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, aberrant drug-related behavior using other patient's opiates (morphine and oxycodone), inconsistent urine drug toxicology screens and Suboxone certification on June 19, 2014 with recommendations to wean, Suboxone 8 mg 2 mg sublingual film, one (1) unit daily #30 is not medically necessary.