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| Case Number: | CM15-0030383 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 10/23/2009 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on October 23, 2009. The injured worker has reported a low back injury. The diagnoses have included sciatica, disorders of the sacrum and lumbar post-laminectomy syndrome. Treatment to date has included medications, MRI, electrodiagnostic testing, epidural steroid injections, psychological evaluations and a lumbar five-sacral- one hemi -laminectomy and discectomy. Current documentation dated November 21, 2014 notes that the injured worker complained of low back pain with numbness and pain down the left lower extremity. He reported only taking the medication Buprenorphine for severe pain rated at a nine out of ten on the Visual Analogue Scale. The medication allowed him to perform activities of daily living. Physical examination of the left lower extremity revealed a decreased range of motion. On January 19, 2015 Utilization Review non-certified a request for Buprenorphine 0.1 mg sublingual Troches # 30 and Mirtazapine 15 mg # 30 for the date of service of December 12, 2014. The MTUS, ACOEM Guidelines and the Official Disability Guidelines Workers Compensation Drug Formulary, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Buprenorphine 0.1mg sublingual Troches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. 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 Buprenorphine, is not medically necessary.

Mirtazapine 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

Decision rationale: Mirtazapine is an alpha-2 Antagonist antidepressant indicated for the treatment of major depressive disorder. MTUS states regarding antidepressant: "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. 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. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken". In this case, the medical documentation does not show an assessment of treatment efficacy from the previous use of this medication, including any comments on functional improvement, psychological assessment, or pain reduction. As such, the request for Mirtazapine is not medically necessary.