

Case Number:	CM15-0040479		
Date Assigned:	03/10/2015	Date of Injury:	07/02/2007
Decision Date:	04/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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: Arizona, Michigan 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 52-year-old male who sustained a work related injury on July 2, 2007, injuring his lumbosacral spine. He was diagnosed with lumbar degenerative disc disease, and myalgia and myositis. He underwent a lumbar fusion in 2009. Treatment included pain management, physical therapy, nerve blocks and exercise, neuropathy medications, opioids use, and muscle relaxants. Currently, the injured worker complained of ongoing back and shoulder pain and opiate dependency and detoxification. Treatment plan for the injured worker included the use of or modification of Suboxone, Gabapentin, Baclofen, Cymbalta and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg 1 tab twice daily 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) buprenorphine for opioid dependence ODG: Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Buprenorphine for chronic pain.

Decision rationale: The MTUS/ACOEM did not specifically address the use of suboxone therefore other guidelines were consulted. Per the ODG 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. A review of the injured workers medical records show that he has had issues with opiate dependency and detoxification and the use of suboxone 8mg 1 tab twice daily 3 refills is medically necessary and appropriate to help with opiate dependence, limit withdrawal and treat chronic pain in this injured worker.

Gabapentin 800mg three times daily 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) / anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AED's) Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. A review of the injured worker's medical records reveal a complex history of chronic pain with multiple co-morbid issues and opiate dependency. The use of gabapentin 800mg three times daily with 3 refills for the treatment of his neuropathy is medically necessary and appropriate.

Baclofen 20mg three times daily 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries, also beneficial for treating lancinating paroxysmal neuropathic pain such as trigeminal neuralgia. However a review of the injured worker's recent medical records did not reveal any subjective or objective documentation of spasms and there does not appear to be any clinical reason for the continued use of this medication in this injured worker and therefore the request for Baclofen 20mg three times daily 3 refills is not medically necessary.

Cymbalta 90mg once daily 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia, it is used off label for neuropathic pain and radiculopathy. A review of the injured worker's medical records reveal a complex history of chronic pain with multiple co-morbid issues and opiate dependency. The use of Cymbalta in the treatment of his chronic pain is medically necessary and appropriate.

Trazodone 50mg at bedtime 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Anti-depressants for treatment of MDD (major depressive disorder) ODG: Pain Chapter.

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 & Stress/Trazodone (Desyrel).

Decision rationale: The MTUS/ACOEM did not specifically address the use of trazodone therefore, other guidelines were consulted. Per the ODG, trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. The use of trazodone for insomnia is appropriate in this injured worker with multiple co-morbid issues and a history of dependency. Therefore, this request is medically necessary.