

<b>Case Number:</b>	CM15-0058556		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, with a reported date of injury of 06/06/2013. The diagnoses include cervical disc displacement without myelopathy, neck pain, cervicobrachial syndrome, and cervical spondylosis without myelopathy. Treatments to date include an MRI of the cervical spine, Gabapentin, Norflex, Advil, Aspirin, Norco, and Anaprox. The medical report dated 03/06/2015 indicates that the injured worker continued to have significant neck pain with radiation into the left upper extremity. She also had symptoms of numbness, tingling, and sharp shooting pain. She reported having weakness in her left hand with activity. The objective findings include normal muscle tone in the bilateral upper extremities, tenderness to palpation along the cervical paraspinal muscles with muscle tension into the left upper trapezius muscle, decreased cervical range of motion, decreased motor strength in the left hand grip, and decreased sensation to light touch along the left biceps. The treating physician requested buprenorphine for possible better pain relief and cyclobenzaprine for spasm in the neck and upper back. The Norco was changed and the Norflex was discontinued due to vomiting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.1mg Sublingual Troches 30pc #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27-28.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines, page 26-27: Buprenorphine HCL.

**Decision rationale:** Per MTUS Chronic Pain, Buprenorphine HCL/ Naloxone HCL is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Review of available reports has no indication rationale or documented opioid addiction/dependency. Suboxone has one of the most high profile side effects of a scheduled III medication such as CNS & Respiratory depression, dependency, hepatitis/hepatic event with recommended abstinence from illicit use of ETOH and benzodiazepine. There is no mention the patient was intolerable to other medication like Neurontin or other opioids use. The risk of serious side effects (such as slow/shallow breathing, severe drowsiness/dizziness) may be increased if this medication is used with other products that may also affect breathing or cause drowsiness along with prescribed psychiatric medicines. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the medication nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury. The Buprenorphine 0.1mg Sublingual Troches 30pc #60 is not medically necessary and appropriate.

**Cyclobenzaprine 5mg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 5mg #10 is not medically necessary and appropriate.

