

Case Number:	CM14-0092195		
Date Assigned:	09/19/2014	Date of Injury:	07/26/2004
Decision Date:	10/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who reported an injury of unknown mechanism on 07/26/2004. On 07/11/2014, his diagnoses included lumbosacral spondylosis, lumbar radiculopathy and anxiety/depression. His complaints included lumbar pain radiating to the left leg. He rated his pain at 10/10 without medication and 4/10 to 5/10 with medications. His medications included Pantoprazole 40 mg, Suboxone sublingual film 2/0.5 mg, Lyrica 150 mg and Alprazolam 0.5 mg. The rationale for the Suboxone was that he was taking it to treat back pain, not addiction. It was noted that his Suboxone was helping with his back pain and the Alprazolam was helping with his anxiety. A Request for Authorization dated 07/03/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2mg-0.5mg#150/month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.. Decision based on Non-MTUS Citation www.rxlist.com

Decision rationale: The request for Suboxone 2/0.5 mg #150 per month is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases analgesic treatment should begin with acetaminophen, aspirin, NSAIDs or antidepressants. Long term use may result in immunological or endocrine problems. There is no documentation in the submitted chart regarding appropriate long term monitoring/evaluation including side effects, failed trials of NSAIDs, aspirin or antidepressants. Per Rxlist.com, Suboxone sublingual film is indicated for treatment of opioid dependence and should be used as a part of a complete treatment plan to include counseling and psychosocial support. The submitted documentation noted that this worker was using Suboxone for pain relief, not for opioid dependence. Suboxone is not indicated for pain relief. Additionally, there was no frequency of administration included with this request. Therefore, this request for Suboxone 2 mg/0.5 mg #150 per month is not medically necessary.

Alprazolam 0.5mg #60/month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for alprazolam 0.5 mg #60 per month is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance develops within weeks. The guidelines do not support long term use of this medication. The submitted documentation revealed that this worker has been using alprazolam since 04/14/2014, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included with this request. Therefore, this request for Alprazolam 0.5 mg #60 per month is not medically necessary.

Pantoprazole DR 40mg #30/month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Pantoprazole DR 40 mg #30 per month is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Pantoprazole, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulants or high dose/multiple NSAID use. Pantoprazole is used to treat gastroesophageal reflux disease and damage to the esophagus

(esophagitis), Helicobacter infections and high levels of acid in the stomach caused by tumors. This injured worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Pantoprazole DR 40 mg #30 per month is not medically necessary.