

<b>Case Number:</b>	CM14-0094338		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 38-year-old male who reported an injury on 08/15/2011. The injury reportedly occurred when he was attacked by a dog. He was diagnosed with causalgia of the lower limb. His past treatments have included physical therapy, medications, and psychological treatment. His surgical history includes a left knee arthroscopic meniscectomy on 03/28/2013. On 05/28/2014, a letter of medical necessity indicated that the injured worker's symptoms included pain in his left knee, low back, and left lower extremity. He rated his pain 8/10 with medications. It was noted that he had sustained a nerve injury due to a severe dog bite and has had neuropathic pain since that injury. No pertinent objective physical exam findings were indicated. His medications were noted to include Buprenorphine and Gabapentin. A request was received for Buprenorphine 0.25 mg #60 and Gabapentin 600 mg #120. The submitted documentation indicated that he utilized Buprenorphine for chronic pain, not for opiate withdrawal, and he reported improvement in function, quality of life, and pain reduction with use of Buprenorphine. It was also noted that he denied side effects. In regard to Gabapentin, the documentation indicated that he utilized this medication for his neuropathic pain and weakness and it resulted in at least 50% pain relief and improved function. Therefore, it was noted that requests were submitted for Buprenorphine 0.25 mg #60 and Gabapentin 600 mg #120 for date of service 10/31/2013. A Request for Authorization form was submitted on 06/02/2014 for 1 prescription of buprenorphine 0.25 mg # 60 for date of service 10/31/2013 and 1 prescription of gabapentin 600 mg #120 for date of service 10/31/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.25 mg #60: Upheld**

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

**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), Pain, Buprenorphine for chronic pain.

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, Buprenorphine is recommended for the treatment of opiate addiction and as an option for chronic pain. The guidelines specify that when used for chronic pain, this medication is especially useful after detoxification in patients who have a history of opioid addiction. More specifically, the Official Disability Guidelines state that when used for chronic pain, Buprenorphine is supported for patients with a hyperalgesic component to pain, patients with centrally mediated pain, patients with neuropathic pain, patients at high risk of nonadherence with standard opioid maintenance, or for analgesia in patients who have previously been detoxified from other high dose opioids. The clinical information submitted for review indicates the injured worker has significant neuropathic pain and has had benefit from use of Buprenorphine. The medical records indicate that he has been taking Buprenorphine 0.25 mg twice a day since at least 08/23/2012. It was noted that he had at least 50% pain relief and improved function with this medication. However, the documentation did not indicate whether medication compliance has been assessed as there was no documentation showing consistent results on urine drug screening or other documentation regarding aberrant drug taking behaviors. Further, the Request for Authorization form and 06/02/2014 letter of medical necessity indicated that the request was for the prescription dispensed on 10/31/2013. However, the request, as submitted, did not indicate that this was a retrospective request for that date of service. In addition, the submitted request failed to indicate a frequency. Consequently, the request for Buprenorphine 0.25 mg #60 is not medically necessary.

**Gabapentin 600 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** According to the California MTUS Guidelines, Gabapentin has been shown to be effective for the treatment of neuropathic pain and is considered a first line medication for this condition. The guidelines also state that documentation should indicate outcomes of use in terms of pain and function in order to determine the appropriateness of continued use of this medication. The injured worker was noted to have neuropathic pain and to have been taking Gabapentin since at least 08/08/2013. The documentation also indicates that this medication provided at least 50% pain relief and improved function. Based on this documentation, the

continued use of Gabapentin would be supported. However, the treatment plan and Request for Authorization form indicated that this medication was being requested for a date of service of 10/31/2013. However, the request, as submitted, did not indicate that it was a retrospective request for this date of service. Additionally, the submitted request failed to indicate a frequency. Consequently, the request for Gabapentin 600 mg #120 is not medically necessary.