

<b>Case Number:</b>	CM15-0014547		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/20/1998
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old male who sustained an industrial injury on 05/20/1998. The injured worker complains of low back pain. Diagnoses include spondylosis without myelopathy, degeneration of lumbosacral intervertebral disc, lumbar post-laminectomy syndrome, lumbosacral radiculitis, disorder of lumbar disc, and chronic pain syndrome. Treatment to date has included medications, rest, epidural steroid injections, physical therapy, and chiropractic sessions. A physician progress note dated 01/05/2015 documents the injured worker has pain in the right sided low back and it radiates to the right thigh, right leg, and left hip. The pain is aching, pulsating, sharp, shooting, stabbing and throbbing. Average pain is rated 5 out of 10. His pain is constant but variable in intensity. He has bilateral lower extremity weakness and stiffness of the low back with spasms. Treatment requested is for Celebrex 200mg, #30 with 3 refills, Lyrica 75mg, #90 with 3 refills, and Suboxone 8mg-2mg sublingual film, #45 with 3 refills. On 01/13/2015 Utilization Review non-certified the request for Suboxone 8mg-2mg sublingual film, #45 with 3 refills, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 01/13/2015 Utilization Review non-certified the request for Celebrex 200mg, #30 with 3 refills, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 01/13/2015 Utilization Review non-certified the request for Lyrica 75mg, #90 with 3 refills, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 8mg-2mg sublingual film, #45 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, p26-27 Page(s): 26-27.

**Decision rationale:** The claimant has a history of work-related injury occurring nearly 15 years ago and continues to be treated for chronic radiating low back pain. Treatments have include a lumbar laminectomy. In terms of Suboxone (buprenorphine), the claimant has undergone an opioid detoxification. Buprenorphine is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids as in this case. It was therefore medically necessary.

**Lyrica 75mg, #90 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin); Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60 Page(s): 18-19, 60.

**Decision rationale:** The claimant has a history of work-related injury occurring nearly 15 years ago and continues to be treated for chronic radiating low back pain. Treatments have include a lumbar laminectomy. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. The dose being prescribed is consistent with that recommended and is therefore medically necessary.

**Celebrex 200mg, #30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific d.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant has a history of work-related injury occurring nearly 15 years ago and continues to be treated for chronic radiating low back pain. Treatments have include a lumbar laminectomy. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. The claimant is over 65 years old and guidelines recommend prescribing a selective COX-2

medication such as Celebrex. The maximum dose is 200 mg per day. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.