

<b>Case Number:</b>	CM15-0110982		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: 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 (IW) is a 56-year-old male who sustained an industrial injury on 07/22/2003. Diagnoses include myelopathy, post laminectomy pain syndrome with chronic right lumbar radiculitis, status post 360 degree fusion L4-S1, status post spinal cord stimulator implant with refractory pain and IPG pocket discomfort, left cervical radiculopathy, hypertension and narcotic tolerant state. Comorbid conditions include diabetes. Treatment to date has included medications, spinal fusion, spinal cord stimulator and epidural steroid injections. According to the PR2 notes dated 2/9/2015, the IW reported he was tolerating Subutex and pain was improved. On examination, he had a positive Romberg sign, was unable to random gait and had hyperreflexia in the lower extremities. A request was made for Subutex 8mg, #60 and Lipitor 40mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subutex 8mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Buprenorphine, Medications for chronic pain, Opioids Page(s): 26-7, 60-1, 74-96.

**Decision rationale:** Buprenorphine (Subutex) is a semisynthetic opioid derivative with mixed agonist-antagonist opioid properties. It is used to treat opioid addiction in higher dosages, to control moderate acute pain in non-opioid-tolerant individuals in lower dosages and to control moderate chronic pain in even smaller doses. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. This patient has been stable on the current dose of this medication, the medication does lessen the patient's pain and the patient has failed first-line medications for chronic pain. There is no annotation in the notes of aberrant drug-seeking behaviors. Given all the above information, the request for continued use of this medication has been established and is medically necessary.

**Lipitor 40mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stone NJ, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol. 2014 Jul 1; 63 (25 Pt B):2889-934. [144 references].

**Decision rationale:** Atorvastatin (Lipitor) is a member of the drug class known as statins, which are used primarily for lowering blood cholesterol and for prevention of events associated with cardiovascular disease. It works by inhibiting the enzyme, HMG-CoA reductase that plays a key role in production of cholesterol in the body. The MTUS does not comment on its use. The guidelines from the American College of Cardiology and the American Heart Association recommend use of statins to reduce the risk of a cardiovascular event in patients at risk for such events. However, the crux of the issue for this patient is not if this medication should be used to treat his hyperlipidemia but rather is the patient's hyperlipidemic state part of his industrial injury. The patient has not been given an industrial injury diagnosis of hyperlipidemia nor does the patient have any history suggesting that his hyperlipidemia relates to his documented industrial injuries. There is no indication to use this medication for his industrial injuries. The request has not been established and is not medically necessary.