

Case Number:	CM15-0171649		
Date Assigned:	09/11/2015	Date of Injury:	11/29/2006
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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 39 year old male, who sustained an industrial injury on 11-28-06. The injured worker has complaints of low back pain. The documentation on 8-14-15 noted there is bilateral paraspinous tenderness and supple. Anterior flexion is noted to be 45 degrees and there is pain noted when neck is flexed anteriorly and extension of cervical spine is noted to be 10 degrees and there is pain noted with extension of the cervical spine. Left lateral rotation is noted to 55 degrees and painful left lateral rotation of the cervical spine is reported by the injured worker. Right lateral rotation of the cervical spine is noted to be 60 degrees. There is painful right lateral rotate of cervical spine reported by the injured worker. Straight leg on the right and left is 30 degrees and positive. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 (sacroiliac) region. There is pain noted over the lumbar intervertebral spaces (discs) on palpation. Anterior lumbar flexion causes pain and pain is noted with lumbar extension. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; spinal stenosis, lumbar region, without neurogenic claudication and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included Suboxone and gabapentin. The original utilization review (8-24-15) non-certified a request for retrospective Suboxone 8mg-2mg sublingual film, one daily for thirty days, dispensed thirty film date of service 8-17-2015 and retrospective neurontin 300mg, 120 capsules, one four times a day for thirty days date of service 8-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Suboxone 8mg-2mg sublingual film; one QD for thirty days, dispensed thirty film DOS: 8/17/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Buprenorphine for opioid dependence Pain Chapter under Buprenorphine for chronic pain.

Decision rationale: Based on the 8/14/15 progress report provided by the treating physician, this patient presents with chronic, unchanged, and aching low back pain rated 7/10 on VAS scale. The treater has asked for Retrospective Suboxone 8mg-2mg Sublingual Film; One Qd For Thirty Days, Dispensed Thirty Film Dos 8/17/2015 on 8/14/15. The patient's diagnoses per request for authorization dated 8/17/15 are spinal sten lumb reg w/o neurogenic claudication, thoracic /lumbosacral neuritis/radiculitis unspecified, and displacement lumbar intervert disc w/o myelopathy. The patient's current medication regimen includes Suboxone and gabapentin per 8/14/15 report. The patient has been authorized for a consultation with neurosurgeon and is waiting scheduling per 8/14/15 report. The patient's pain is unchanged and continues with medication regimen per 7/17/15 report. The patient also has bilateral lower extremity pain per 6/6/15 report. The patient's work status is not included in the provided documentation. MTUS Buprenorphine section, pages 26-27: Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations) A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor). (Kress, 2008) (Heit, 2008) (Johnson, 2005) (Landau, 2007) ODG Pain (Chronic) Chapter under Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence. Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain. ODG Pain Chapter under Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neurotic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the

drug should be reserved for use by clinicians with experience. This patient has been utilizing Suboxone since at least 2/14/15. According to a progress report 2/14/15, the patient "uses Suboxone once a day and has been doing so for a number of years now. He has a prior history of behavioral issues regarding controlled substances. This is why he was started on Suboxone in the first instance. However, the patient does also have chronic back pain with occasional radiation into the lower extremities". The patient also has developed opioid tolerance and had 'some issues' with Ambien and Soma per 2/14/15 report. In this case, the patient has had several years of usage of Suboxone which was initially for behavioral issues regarding controlled substances, but has now stayed stable on the medication for his chronic low back pain per 2/14/15 report. The treater has provided a detailed history of prior opioid tolerance, and behavioral issues for which ODG guidelines allow the usage of the requested Buprenorphine. Therefore, the request is medically necessary.

Retrospective Neurontin 300mg, 120 capsules, one QD for thirty days DOS: 8/17/2015:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Based on the 8/14/15 progress report provided by the treating physician, this patient presents with chronic, unchanged, and aching low back pain rated 7/10 on VAS scale. The treater has asked for Retrospective Neurontin 300mg, 120 capsules, one qd for thirty days DOS 8/17/2015 on 8/14/15. The patient's diagnoses per request for authorization dated 8/17/15 are spinal sten lumb reg w/o neurogenic claudication, thoracic/lumbosacral neuritis/radiculitis unspecified, and displacement lumbar intervert disc w/o myelopathy. The patient's current medication regimen includes Suboxone and gabapentin per 8/14/15 report. The patient has been authorized for a consultation with neurosurgeon and is waiting scheduling per 8/14/15 report. The patient's pain is unchanged and continues with medication regimen per 7/17/15 report. The patient also has bilateral lower extremity pain per 6/6/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Gabapentin section on pg 18 and 19 has the following: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The treater does not discuss this request in the reports provided. This patient has been prescribed Gabapentin since at least 2/14/15. Guidelines indicate that anti-epilepsy drugs such as Gabapentin are considered appropriate for neuropathic pain. The utilization review letter dated 8/24/15 denies request due lack of documentation of benefit. Per 6/6/15 progress note, this patient states that "medications do provide him with pain relief and preservation of functional capacity" although the provider does not specifically mention Gabapentin. Given the conservative nature of this medication and the documented benefits, continuation is substantiated. Therefore, the request is medically necessary.

