

Case Number:	CM15-0063650		
Date Assigned:	04/09/2015	Date of Injury:	08/06/2010
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on August 6, 2010. He has reported headaches, neck pain, and arm pain. Diagnoses have included cervical spine degenerative disc disease and bilateral cervical radiculopathy. Treatment to date has included medications and cervical spine fusion. A progress note dated March 17, 2015 indicates a chief complaint of headaches, and neck pain radiating to the bilateral arms. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg, #100, 1 refill: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, who had been using lorazepam chronically leading up to this request, there was a recent reduction in the number of pills requested by the provider in order to help the worker gradually wean down and eventually off of this medication, which is appropriate. However, 200 pills prescribed is more than necessary to offer the worker in between appointments as he should be only using up to two pills per day by now. Therefore, the request for lorazepam 1 mg, #100 with 1 refill will be considered not medically necessary.

Suboxone 8mg-2mg #60, 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Buprenorphine AND Opioids Page(s): 26-27, 78-96. Decision based on Non-MTUS Citation ODG, Pain section, Buprenorphine.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS Chronic Pain Treatment Guidelines also state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, the use of Suboxone was implemented to assist in weaning down and eventually off of opioids, which is appropriate. However, the Suboxone has been used for years now and the current wean schedule seems slower than needed. Around 5-10% reduction in dose every 1-2 weeks is reasonable and safe in most individuals. As the request for continuation of Suboxone includes 120 pills until the next appointment refill is more than needed for another reduction in dose, this request will be considered medically necessary as it is requested.

