

Case Number:	CM13-0043690		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2010
Decision Date:	06/04/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and is licensed to practice in California. 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 treated for a low back injury since 5/13/10. MRI showed lumbar stenosis. He underwent a L4-5 laminectomy and fusion in 11/22/2010 and L3-4 laminectomy and fusion 3/16/2012. MRI 1/13 confirms successful fusion. Treatment has also included physical therapy, steroids, brace, and current self-directed exercise (fishing, walking the dog, etc.). Medications prior to June 2012 included Flexeril, tramadol, Soma, Norco and Oxycontin, doses not stated. In June 2012 he was weaning off Oxycontin and off all other medications except Norco, dose not stated, 4 times daily. This is reported monthly as his only medication thereafter. In August 2013 there it is noted that morphine was sedating, and in September a note that he has been on methadone in the past. Neither are reflected in medical records reviewed since late 2011. 8/24/2013 note by another physician notes "He understands he has a serious issue with meds," prescribes Norco 10/325 4 times daily and recommends Suboxone. No history of noncompliance, nonadherence, abuse or increase in medication requirement is found in records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with [REDACTED] for Suboxone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): (PAIN (CHRONIC): BUPRENORPHINE FOR CHRONIC PAIN).

Decision rationale: MTUS states that buprenorphine is recommended for treatment of opiate addiction or as an option for chronic pain, especially after detoxification in patients with a history of opiate addiction. The FDA indication for buprenorphine is for treatment of opiate dependence. (p. 26.) Per ODG guidelines buprenorphine is recommended as an option for treatment of chronic pain in selected patients, and is not first-line for all patients. It is suggested for: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic 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. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. (Pain (Chronic): Buprenorphine for chronic pain). In this case, records do not indicate treatment with first line medications. Opioid use has been limited to hydrocodone 10 mg 4 times daily, without demonstrated need for increase in dose. No history of noncompliance, nonadherence, abuse or increase in medication requirement is found. Therefore the use of buprenorphine is not medically necessary. Therefore referral to a physician for the purpose of prescribing buprenorphine is not medically necessary.