

Case Number:	CM13-0048412		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2011
Decision Date:	06/04/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This case involves a 46 year-old male with a 2/14/2011 industrial injury claim. He has been diagnosed with chronic pain; lumbar radiculopathy; lumbar facet arthralgia; iatrogenic opioid dependency; vitamin D deficiency; obesity. According to the 11/22/13 pain management report from [REDACTED], the patient presents with low back pain that radiates down both lower extremities. The pain was 9/10 without medications, 7-8/10 with medications. He is taking Suboxone film, tramadol ER 150mg, and tramadol 50mg, Klonopin, and Tizanidine. The physician requests to continue Suboxone for 3 months, then wean down.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone MIS 8-2 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Section, Pain Outcome Section Page(s): 26-27, 8-9.

Decision rationale: The patient presents with chronic back pain and bilateral lower extremity pain. He was reported to have iatrogenic opioid dependency, and the physician has taken him off

of Norco and was managing pain with Suboxone. MTUS guidelines for Buprenorphine states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction" The medication was reported to bring the pain levels down from 9/10 to 7-8/10. MTUS on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient has a satisfactory response to Suboxone per MTUS definition. MTUS does not require weaning or discontinuing medications that are providing a satisfactory response.