

<b>Case Number:</b>	CM13-0054394		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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, has a subspecialty in Pain Management 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 is a female patient with the date of injury of March 4, 2005. A utilization review determination dated November 13, 2013 recommends non-certification of Suboxone, Baclofen, and a rehabilitation program. A progress report dated October 24, 2013 identifies complaints of low back pain, mid back pain, and neck pain. The pain is rated as 7/10. Physical examination shows no musculoskeletal testing performed. Diagnoses include cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatment plan requests admittance to MPI program for completion of rehab, Suboxone, Baclofen, Gabapentin, chiropractic evaluation, physical therapy evaluation, and lumbar and cervical MRI. A letter dated November 20, 2013 identifies that the patient is in recovery from her past opioid addiction and has been on Suboxone since May 2013. Initially, the patient was in an inpatient detox program and is currently in outpatient recovery. Due to the patient's chronic pain and concomitant addiction issues, Suboxone was felt to be the best choice for her medically. The patient has failed NSAIDs, Tramadol, Savella, Cymbalta, cortisone injections, and physical therapy. The patient is compliant with a Suboxone program which includes 2 meetings a week, weekly meetings one-on-one with a drug counselor, weekly visits, weekly attendance at local community 12 step meetings, attendance at a domestic violence group, and the patient has had no relapses and has drug tested clean for over 6 months. The patient has been compliant with all treatment recommendations. The note indicates that the patient's current dose is 8 mg twice a day for a total of 60 per month which is appropriate. The patient's pain is manageable at this dose and the patient is not at risk for opioid relapse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 8mg-2mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**Decision rationale:** Regarding the request for Suboxone, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Within the documentation available for review, it is clear the patient has been through inpatient detoxification, and is currently in a program of recovery. Due to her chronic pain, she continues to be prescribed Suboxone for the treatment of addiction and chronic pain. The requesting physician has indicated that the patient is compliant with the use of Suboxone, and has had no aberrant behavior noted. Additionally, the patient is compliant with a program of recovery intended to avoid relapse. The patient is noted to have failed numerous other conservative treatment options, and Suboxone significantly improves the patient's pain. As such, we currently requested Suboxone is medically necessary.

**Baclofen 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.