

<b>Case Number:</b>	CM13-0062445		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	01/15/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 a 53-year-old female with a reported date of injury of 01/15/2009. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with chronic neck and lower back pain. The clinical documentation indicates the injured worker previously participated in aerobic classes, yoga, and acupuncture. According to the injured worker, the acupuncture relieved her of her pain for 1 day. The injured worker has returned to work with the following permanent restrictions of not lifting weight exceeding 30 pounds. Neurological testing revealed muscle strength at 5/5 in all areas. The clinical note dated 10/15/2013 indicated the injured worker was participating in aquatic therapy and had increased her activities of daily living, reduced her pain, and the injured worker stated that she was off pain medications. The right knee range of motion revealed 125 degrees with anteromedial discomfort. The lumbar spine range of motion revealed flexion from fingertips to the level of the proximal tibia, extension to 30 degrees, and right and left lateral lift tilt to 30 degrees. The emergency room clinical note dated 10/17/2013 noted the injured worker presented in the ER stating that she had been out of medications for 2 days and was unable to get them refilled. The injured worker was sent home with a prescription for Norco and Ondansetron. The clinical note dated 11/06/2013 noted the injured worker's diagnosis included chronic pain syndrome, myofascial pain syndrome, postlaminectomy syndrome, thoracic postlaminectomy syndrome, and a meniscal knee tear. The injured worker's medication regimen included Subutex, Zanaflex, and Lidoderm patches. The Request for Authorization for Subutex 2 mg #180 with 2 refills was submitted on 12/06/2013. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUBUTEX 2MG, #180 WITH 2 REFILLS:** 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 rationale:** The California MTUS Guidelines recommend buprenorphine for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in injured workers who have a history of opioid addiction. In the clinical note dated 06/06/2013, the physician indicates that the injured worker has improved pain on the buprenorphine. In the clinical note dated 10/15/2013, the physician indicated the injured worker was not taking pain medications at that time, and was getting relief from acupuncture. The emergency room visit note dated 10/17/2013 reported that the injured worker presented anxious, angry, and cursing at the doctor, stating that she was having pain and had run out of her medication 2 days prior to the ER visit. At that time, the injured worker was provided with Norco 20 tablets. In addition, each progress note indicates that it was reiterated to the injured worker that while being prescribed pain medications by the primary physician, obtaining "controlled substances" from other physicians without approval of the primary physician is strictly prohibited. There is a lack of documentation within the clinical note dated 11/06/2013 relating to the emergency room visit and the injured worker being prescribed Norco. The California MTUS Guidelines state that buprenorphine is recommended for the treatment of opioid addiction, and also recommended as an option for chronic pain, especially after detoxification in injured workers who have a history of opioid addiction. According to the clinical documentation provided for review, the injured worker has utilized Subutex (buprenorphine) prior to 06/06/2013. There is a lack of documentation related to the functional and therapeutic benefit in the long-term use of buprenorphine/Subutex. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for Subutex 2 mg #180 with 2 refills is non-certified.