

Case Number:	CM13-0070349		
Date Assigned:	01/03/2014	Date of Injury:	04/19/2009
Decision Date:	06/05/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, opioid dependence, chronic neck pain, myofascial pain syndrome, and occipital neuralgia reportedly associated with an industrial injury of December 9, 2013. Thus far, the applicant has been treated with analgesic medications, including Norco, muscle relaxants, adjuvant medications, sleep aids, yoga, physical therapy, occipital nerve blocks and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 12, 2013, the claims administrator denied a request for Suboxone. The claims administrator simply stated that California does not support the usage of this medication for the issues present here. Little or no rationale behind the denial was provided. A January 31, 2014 progress note was notable for comments that the applicant reported persistent neck pain, upper back pain, and opioid dependence. The applicant's medication list included Flexeril, Valium, Neurontin, Desyrel, Dendracin lotion, and Norco, Tenormin, Prilosec, and Zestril. The applicant stated that the pain was interfering with socializing, sleep, recreational activities, and self care. The applicant was smoking both tobacco and marijuana, it was stated. The applicant was given diagnosis including occipital neuralgia, opioid dependence, myofascial pain syndrome, neck pain, and cervical radiculitis. Suboxone was apparently ordered for the applicant's stated diagnosis of opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBOXONE 8/2MG INDUCTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27.

Decision rationale: As noted on page 27 of the MTUS Chronic Pain Medical Treatment Guidelines, both Suboxone and Subutex are recommended in the treatment of opioid dependence. In this case, the attending provider has stated, on several occasions, that the applicant does in fact carry a diagnosis of opioid dependence for which induction or initiation of Suboxone is indicated. Therefore, the request is medically necessary, on Independent Medical Review.

SUBOXONE 8/2MG SL FILM #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27.

Decision rationale: As noted on page 27 of the MTUS Chronic Pain Medical Treatment Guidelines, Suboxone is recommended in the treatment of opioid dependence. In this case, the attending provider has stated on multiple occasions in the progress note in question that the applicant does in fact carry a diagnosis of opioid dependence. While this issue has not been elaborated or expounded upon as the attending provider did not furnish much in the way of narrative commentary, the applicant does reportedly carry a diagnosis of opioid dependence for which the Suboxone tablets in question are indicated. Therefore, the request is medically necessary, on Independent Medical Review.