

<b>Case Number:</b>	CM14-0001554		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/07/2008
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Physical Medicine and Rehabilitation, 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 a 60 year old male who reported a low back injury on 02/07/2008; the mechanism of injury was not provided within the submitted documentation. The clinical note dated 12/03/2013 reported the injured worker had pain at his neck and back. The physical exam documented the injured worker had an antalgic gait and other unremarkable findings. The prescribed medication list included Colace, Flexeril, Lidoderm Patch, and Suboxone. The injured worker's has a diagnosis of failed lumbar back syndrome. The request for authorization was not provided within the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUBOXONE 8MG-2MG SUBLINGUAL FILM 1 UNIT 4 TIMES A DAY #120:** 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): 26-27.

**Decision rationale:** The request for Suboxone 8mg-2mg sublingual film is not medically necessary. Suboxone's main active ingredients are Buprenorphine and Naloxone. The CA MTUS guidelines recommend Suboxone for treatment of opiate addiction. Also recommended as

an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker lacks the documentation in the submitted paperwork that shows previous or current sign and symptoms of opioid dependence. Furthermore, during the documented utilization of the medication it is unclear the efficacy of the medication. Thus, the request is not medically necessary.