

<b>Case Number:</b>	CM14-0006962		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 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:

This is a 52-year-old male with an 11/4/09 date on injury. He is status post left inguinal hernia surgery in 2012 but continues to have ongoing complaints of left groin pain. An ultrasound performed on 5/31/12 revealed a left sided hernia with persistent bowel loops in the inguinal canal. He was seen on 12/16/13 complaining of left groin pain and was unable to get his suboxone prescription refilled so the patient has been in some pain. He was noted to be walking for exercise. His medication regimen was noted to be Ultracet, Ambien, and Lexapro. He is apparently unable to utilize narcotics and had intolerance to oral medications. UR decision dated 1/13/14 denied the request given there was no documentation of maintained increase in function, a drug screens dated 9/13/12 was not consistent with medication use, there were no ongoing monitoring reports such as urine drug screens or CURES reports, and the patient was noted to be on this medication the past. The most recent progress note provided was from 5/13/3. No exam findings were documented with regard to the hernia, only that the patient was tearful. He was not noted to be on Suboxone at this time. A progress note from 3/12/13 revealed tenderness over the left groin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED SUBOXONE MIS 8-2MG DAY SUPPLE 30 QTY 90 REFILLS 00:** 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:** Per MTUS guidelines, Buprenorphine is recommended for treatment of opiate addiction and is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There is no information in the documentation provided regarding why the patient is on this medication. A progress note from 1/13/14 stated the patient could not tolerate oral medications or narcotics, yet he is on Ultracet and other oral medications. There is no documentation that the patient has a history of addiction or is detoxing from opiates. There is no documentation of a decrease in VAS or functional gains with this medication. Given there is insufficient information as to why the patient is on daily Suboxone, the request as submitted was not medically necessary.