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| <b>Case Number:</b>   | CM14-0100177 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 06/15/1999 |
| <b>Decision Date:</b> | 12/26/2014   | <b>UR Denial Date:</b>       | 06/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2014 |

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old female who was injured on 4/7/1997. She was diagnosed with lumbar myofascial pain and chronic pain syndrome. She was also diagnosed with sleep disorder and mood disorder related to her injury. She was treated with various medications including opioids and was diagnosed with opioid dependence. She was then treated with Suboxone, surgery (lumbar), physical therapy, chiropractor treatments, biofeedback, and completed a functional restoration program. Previous reviews of Suboxone suggesting a weaning schedule. On 6/12/14, the worker was seen by her primary treating physician complaining of severe and worsening low back and lower extremity pain with new right lower extremity numbness. Physical examination findings included new hypesthesia at right L5-S1 dermatomes, left hypesthesia at L5-S1 dermatomes. She was then recommended to continue the Suboxone (2 mg/0.5 mg 2 films four times daily, #240 with refills).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 2mg/0.5mg #240 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Buprenorphine

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, there was no documented evidence that the Suboxone was significantly improving the worker's function. Although the previous reviewer suggested that since the worker was experiencing worsening of her symptoms, the request for discontinuation/weaning seemed inappropriate. However, there is no evidence to suggest the brand name Suboxone is more effective than using generic buprenorphine for the purpose of treating opioid dependence, such as in the case of this worker. Therefore, regarding the request for brand name Suboxone, the request is not medically necessary when considering a generic option as an equally effective alternative. Future weaning may be necessary.