

Case Number:	CM14-0011307		
Date Assigned:	02/21/2014	Date of Injury:	05/17/2001
Decision Date:	06/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, 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 56 year old female with an injury reported on 05/17/2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/27/2013, reported that the injured worker complained of lower back, left knee and left ankle pain. The physical examination findings per lower extremities reported hypersensitivity over left foot. The injured worker's current medication list included oxycodone IR. The injured worker's diagnosis included complex regional pain syndrome left lower extremity. The request for authorization was submitted on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBOXONE THERAPY FOR 6 MONTHS WITH 2 HOURS IN-OFFICE SUBOXONE INDUCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BUPRENORPHINE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 27; 74-75.

Decision rationale: According to the MTUS Chronic Pain Guidelines Suboxone is a partial agonists-antagonist agent that stimulates the analgesic portion of opioid receptors while blocking or having little or no effect on toxicity. Suboxone contains a combination of buprenorphine and naloxone. The MTUS Chronic Pain Guidelines also state that suboxone 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, abuse and overdose. The MTUS Chronic Pain Guidelines also recommend buprenorphine for completely withdrawing patients from opioids. The other medication is naloxone which per the MTUS Chronic Pain Guidelines is intended to cause withdrawal effects in individuals who are opiate-dependent, and to prevent the "high-effect" related to opioids such as euphoria. The specific dose and quantity of Suboxone being requested was unclear. In addition, a 6 month request would be excessive without timely re-evaluations to assess the efficacy of suboxone. As such, the request is not medically necessary and appropriate.