

<b>Case Number:</b>	CM14-0015715		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain associated with an industrial injury of September 15, 2009. Thus far, the applicant has been treated with the following: analgesic medications, earlier multiple knee surgeries, interventional spine procedures involving the lumbar spine, and opioid therapy. In a progress note dated February 26, 2014, the applicant underwent knee Synvisc injection. The applicant was described as status post one total knee arthroplasty and carried a diagnosis of knee arthritis about the other knee. On January 15, 2014, the applicant was described as using Suboxone sublingual, 2-3 tablets daily. The applicant was given a prescription for Tramadol. It was stated that the applicant was not having any withdrawal symptoms and that further opioids were not needed. The attending provider introduced Suboxone on January 7, 2014. The attending provider stated that the applicant had violated his chronic pain contract. It was stated that the applicant was receiving medications from multiple opioid donors. It appeared that 60 tablets of Suboxone were introduced for the purposes of weaning the applicant off of opioids, although this was not explicitly stated. In an earlier note of December 17, 2013, the applicant was described as using Oxycodone immediate release alone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUBOXONE 8 MG QTY: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

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

**Decision rationale:** While the attending provider's documentation was less than clear on this topic, it did appear that Suboxone was being employed for the purposes of treating the applicant's opioid addiction and as a transitory step in ultimately weaning the applicant off of opioids altogether. As noted on page 27 of the MTUS Chronic Pain Medical Treatment Guidelines, Suboxone is recommended in the treatment of opioid dependence. The attending provider's provision of 60 tablets of Suboxone to facilitate the applicant's weaning off of opioids altogether was indicated, appropriate, and supported by page 27 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.