

<b>Case Number:</b>	CM14-0016249		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	04/26/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Pain Medicine 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 63-year-old male who reported an injury on 04/26/2001. The mechanism of injury was not stated. Current diagnoses include opioid-induced hyperalgesia, opioid tolerance, cervical stenosis, significant atrophy of the scapular stabilizer and chest wall musculature, myofascial pain syndrome, cervicgia, and cervical facet pain. Request for authorization was submitted on 08/15/2013 for 2 weeks of Suboxone induction with 2 weeks of a Functional Restoration Program. The injured worker was seen on 09/16/2013. It is noted that the injured worker has completely weaned off of Norco and decreased OxyContin intake by 1 tablet per day. Physical examination on that date revealed significant atrophy noted in the hand intrinsic muscles, supraspinatus muscles, infraspinatus muscles, anterior pectoralis, anterior deltoids, levator scapulae muscles, diminished strength, diminished cervical range of motion, positive facet loading maneuvers, and an antalgic gait with a forward cervical spine leaned posture and right shoulder elevation. It was noted that Suboxone therapy induction for 2 weeks had been authorized and the injured worker was scheduled to begin the outpatient program on 10/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 WEEKS OF SUBOXONE INDUCTION CONSISTING OF 20 HOURS OF EXERCISE:**

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, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 42

**Decision rationale:** California MTUS Guidelines state detoxification is defined as withdrawing a person from specific psychoactive substance and does not imply a diagnosis of addiction, abuse, or misuse. Detoxification may be necessary due to intolerable side effects, a lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or a lack of functional improvement. As per the documentation submitted, the injured worker has continuously utilized opioid medication. While it is noted that the injured worker suffered opioid-induced hyperalgesia, there was no objective evidence of intolerable side effects, a lack of response, aberrant drug behaviors, refractory psychiatric illness, or a lack of functional improvement. It is also noted that the injured worker has completely weaned himself off of Norco and decreased OxyContin intake by 1 tablet per day. There is no indication that a multidisciplinary approach to detoxification is medically necessary for this injured worker. Furthermore, the injured worker has been authorized for an initial 2-week trial of a Suboxone induction program. The medical necessity for an additional 2 weeks of this program has not been established. As such, the request is non-certified.

**20 HOURS OF PATIENT EDUCATION:** 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, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 42

**Decision rationale:** As the injured worker's Suboxone induction program has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**10 HOURS OF GROUP COUNSELING:** 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, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 42

**Decision rationale:** As the injured worker's Suboxone induction program has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.