MAXIMUS Federal Services

Case Number:	CM14-0018293		
Date Assigned:	04/21/2014	Date of Injury:	02/14/2011
Decision Date:	07/02/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/13/2014

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 Arizona. 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:

Patient is a 46-year-old with a date of injury on February 14, 2011. Patient has received ongoing care for multilevel lumbar disc degeneration. Subjective complaints are of low back pain with radiation to bilateral legs rated 9/10. Medication decreased pain to a 7/10. Physical exam shows tenderness over lumbar spine L4-S1, with decreased lumbar spine range of motion. Prior imaging of the lumbar spine with CT from January 17, 2014 shows status post posterior fusion from L2-L5, and partiall interbody ankylosis for L2-L5, right-sided neural foraminal encroachment with root impingement. Medications include tramadol, suboxone, tizanidine, gabapentin, and clorazepate. Previous utilization review indicates that suboxone was not identified on urine drug screen. Review of submitted drug screen does not show that suboxone was tested for, as it will not show on a standard opiate screen. Submitted records document pain relief and improvement in function with medications, and no side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBOXONE MIS 8-2MG, #30 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the ODG recommend buprenorphrine for treatment of opiate addiction. It is also recommended as an option for chronic pain. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. The patient in question has been on chronic opioid therapy with buprenorphine. The Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, clear documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is presence of the Chronic Pain Medical Treatment Guidelines, including urine drug screening, risk assessment, and ongoing efficacy of medication. The request for Suboxone MIS 8-2 mg, thirty count with one refill, is not medically necessary or appropriate.