

Case Number:	CM14-0019323		
Date Assigned:	04/21/2014	Date of Injury:	11/01/1998
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Internal 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 injured worker is a 63 year old female with an injury reported on 11/01/1998. The mechanism of injury was noted that injured worker lifted an individual up from bed to wheelchair, and then experienced pain to low back. The clinical note dated 03/20/2014, reported that the injured worker complained of a flare up from her chronic pain syndrome. The physical examination findings reported the injured worker's prescribed medication list included Lidoderm, Neurontin, Percocet, soma, slippery elm, Dexilant, and Klonopin. The examination of the injured worker's lumbar spine revealed trigger points and myofascial restriction in bilateral gluteus medius and piriformis groups. The injured worker's diagnoses included failed back syndrome, status-post lumbar decompressive surgery, emotional factors, status-post lumbar fusion (07/15/2002) and (07/17/2012). The request for authorization was submitted on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBOXONE MIS 8-2MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS; BUPRENORPHINE Page(s): 74; 26.

Decision rationale: The request for Suboxone MIS 8-2mg # 90 is not medically necessary. The injured worker complained of a flare up from her chronic pain syndrome. The injured worker's prescribed medication list included Lidoderm, Neurontin, Percocet, soma, slippery elm, dexilant, and Klonopin. According to the California MTUS 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 is also supplied as a sublingual tablet in 2 dosage strengths (2/0.5 mg or 8/2 mg). Suboxone contains a combination of buprenorphine and naloxone. The 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 guidelines also recommend buprenorphine for completely withdrawing patients from opioids. The other medication is naloxone which per CA MTUS 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. It is unclear the rationale for the use of Suboxone. There is a lack of clinical evidence within the clinical information to indicate that the injured worker has a history of opiate addiction; furthermore, there was a lack of information provided on the purpose of intended use of Suboxone. Therefore, the request for Suboxone MIS 8-2mg # 90 is not medically necessary.