

Case Number:	CM14-0122970		
Date Assigned:	08/08/2014	Date of Injury:	01/03/2008
Decision Date:	09/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation 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 56-year-old male who reported an injury 01/03/2008. The mechanism of injury was not provided within the medical records. The Clinical Note dated 08/07/2014, indicated diagnoses of low back pain, cervical spine pain, and opiate dependency. The Clinical Note is handwritten and hard to decipher. The injured worker reported moderate residual spinal pain along with bilateral knee pain. The injured worker reported a pain level of 6/10 to 8/10 and increased numbness and tingling to bilateral lower extremities. Injured worker denied any cravings or abuse. The injured worker reported he took Suboxone film and Ambien. On physical examination, the injured worker had normal speech, a stressed affect, and slow, steady gait. The injured worker had moderate tenderness to the lumbar spine with mild spasms and moderate tenderness to the bilateral knees. The injured worker's treatment plan includes continued with present plan prescription issued for Suboxone and follow-up appointment in 1 month. The injured worker's prior treatments were not provided for review. His medication regimen included Suboxone and Ambien. The provider submitted a request for Suboxone, a Request for Authorization dated 08/07/2014 was submitted, however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone film 6 mg QTY: 120.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Suboxone.

Decision rationale: The request for Suboxone film 6 mg QTY: 120.00 is not medically necessary. The Official Disability Guidelines (ODG) states, Suboxones is recommended for selected patients for treatment of opioid dependence. The medication as used for this indication is available in sublingual tablet or film formulations. It was indicated that the injured worker denied cravings and/or abuse; however, the request does not indicate a frequency. In addition, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request is not medically necessary.