

Case Number:	CM14-0134172		
Date Assigned:	08/25/2014	Date of Injury:	06/25/2003
Decision Date:	09/19/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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 Practice 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:

This 59-year-old male claimant sustained a work injury on 6/25/03 involving the neck and low back. He had cervical disc protrusions and chronic cervical pain, for which he underwent C3-C5 fusion and discectomy in 2005. He had a normal MRI in 2005. His pain had been managed chronically (since at least 2012) with Suboxone, Neurontin, and Relafen. A progress note on 7/28/14 indicated the claimant had continued neck and back pain. An increase in Neurontin had helped him. He was going through withdrawal due to missing a few days of Suboxone. Physical findings were notable for paraspinal lumbar and cervical region tenderness. He was continued on his Suboxone 8mg 6 times per day to manage pain and avoid withdrawal from medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg #180 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Suboxone is Buprenorphine. Buprenorphine is used for treatment of opioid addiction or for chronic pain after detoxification from opioid use. Its formulation as a patch has

been used due to the advantages of no analgesic ceiling, good safety profile, and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or the need for opioid detoxification. As a result, the use of Buprenorphine is not medically necessary.