

Case Number:	CM14-0147614		
Date Assigned:	09/15/2014	Date of Injury:	08/12/2004
Decision Date:	11/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/11/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 46 year old employee with date of injury of 8/12/2004. Medical records indicate the patient is undergoing treatment for: unknown, there are no medical records to review. Subjective complaints include a diagram that indicates the pain level is "1". There are no other medical records to review. Objective findings include: there are no medical records to review for objective findings. Treatment has consisted of: unknown, as there are no medical records to review. The utilization review determination was rendered on 8/14/2014 recommending non-certification of Suboxone 8MG #90 refills #0 and Oxycodone HCL 30MG #120 refills #0.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8MG #90 refills #0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) classifies Suboxone (buprenorphine and naloxone) as partial opioid receptors agonists-antagonists: agents that stimulate the analgesic portion of while blocking or having little or no effect on toxicity.

Suboxone is recommended for treatment of opiate addiction. California MTUS states "Recommended. When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. 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. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids (e.g., methadone) have shown poor outcomes. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected". The utilization reviewer noted that the treating physician noted that the patient had developed tolerance to Suboxone and Oxycodone. The treating physician did not document does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In addition, the treating physician did not detail a plan for the reduction in opioid medication and did not document a decrease in the use of opioid medications. As such, the request for Suboxone 8MG #90 refills #0 is not medically necessary.

Oxycodone HCL 30MG #120 refills #0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. Official Disability Guidelines (ODG) does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. California MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the question for Oxycodone HCL 30MG #120 refills #0 is not medically necessary.

