

Case Number:	CM14-0153748		
Date Assigned:	09/23/2014	Date of Injury:	05/21/2001
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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 claimant was injured due to cumulative trauma from 07/01 through 09/01 and had dates of injury of 10/05/99 and 01/26/01. Suboxone induction is under review. The claimant has chronic low back pain and bilateral leg pain rated 9/10. He has taken medications including oxycodone, methadone, Soma, Lexapro, trazodone, Wellbutrin, and Klonopin. He had decreased sensation in the bilateral lower extremities and minimal depression. He reported relief with the medications. He also had taken pantoprazole, Limbrel, and Neurontin. On 09/16/14, the claimant reported that he self-discontinued Suboxone after 2 weeks. After 15 days he noted that he had problems with breathing at night, shortness of breath, palpitations, difficulty urinating, and tongue swelling. His urologist stated that Suboxone might have contributed to his urinary retention. He stopped it and the symptoms got better. He had other medication reactions, also. On 08/18/14, a provider's note states that he had been started on Suboxone 8 mg twice a day. He was given clonidine for withdrawal symptoms and Zofran for nausea. He was also given pantoprazole and gabapentin. On 08/11/14, he reported OxyContin was causing migraine headaches and stomachache and he threw his medications into the toilet. He was still taking Soma twice a day as needed. He wanted to pursue detox on a nonindustrial basis. He refused clonidine patches and Phenergan for nausea. On 08/04/14, urine drug screen was positive for benzodiazepines, opiates, oxycodone, and meprobamate and it was negative for morphine. On 07/21/14, his drug screen was positive for clonazepam, hydrocodone, morphine, and oxycodone. It was described as "negative for illicit drug use." It was positive for Soma and nortriptyline but was inconsistent due to findings of morphine and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone induction: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Suboxone Page(s): 58. Decision based on Non-MTUS Citation Department of Veteran Affairs, Department of Defense. VA/DoD clinical practice guideline for management of substance use disorders (SUD). Washington (DC): Department of Veteran Affairs, Department of Defense; 2009 Aug.

Decision rationale: The history and documentation do not objectively support the request for suboxone induction. The MTUS state "Buprenorphine hydrochloride and naloxone hydrochloride: Suboxone: Also supplied as a sublingual tablet in 2 dosage strengths (2/0.5 mg or 8/2 mg). Developed to have a lower intravenous (IV) misuse potential. When injected IV, naloxone is intended to cause withdrawal effects in individuals who are opiate-dependent, and to prevent the "high-effect" related to opioids such as euphoria. Pharmacokinetics: After sublingual administration the onset of effect occurs in 30 to 60 minutes. Peak blood levels are found at 90 to 100 minutes, followed by a rapid decline until 6 hours, and then a gradual decline over more than 24 hours. (Helm, 2008) (Koppert, 2005)." MTUS does not address Suboxone induction. The VA/DoD Guidelines state "Pharmacotherapy for Opioid Dependence: Is Opioid Agonist Treatment (OAT) Medication Appropriate for, and Acceptable to, the Patient? Recommendations1. Provide access to OAT for all opioid dependent patients, under appropriate medical supervision and with concurrent addiction-focused psychosocial treatment as indicated. [A] 2. Strongly recommend methadone or sublingual buprenorphine/naloxone maintenance as first line treatments due to their documented efficacy in improving retention and reducing illicit opioid use and craving. [A]" There is no evidence that the claimant has tried and failed Suboxone sublingually as first line treatment of his dependence as is recommended by the listed guideline. The medical necessity of Suboxone induction which is accomplished during an inpatient admission has not been clearly demonstrated.