

<b>Case Number:</b>	CM14-0154618		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 51-year-old female who has submitted a claim for polysubstance dependence, somatoform disorder, displacement of lumbar intervertebral disk without myelopathy, chronic pain syndrome, mood disorder, depression, and anxiety associated with an industrial injury date of 7/24/2010. Medical records from 2014 were reviewed. Patient complained of left hip pain, bilateral knee pain, and bilateral lower extremity pain rated 10/10 in severity. Patient reported numbness and tingling sensation of the left lower extremity. Patient likewise experienced depression and anxiety secondary to chronic pain. Patient was able to perform dressing, cooking, housekeeping and shopping with moderate to maximum assistance from others. Mental status examination showed an awake, alert, normal affect, and depressed patient. She was oriented to time, place, and person. Patient had a shuffling gait. Verbal outburst crying was likewise noted. There was superficial tenderness to light touch and exaggerated responses which cannot be reproduced. Treatment to date has included knee surgery, hip replacement, functional restoration program, physical therapy, and medications such as Suboxone SL (since January 2014), morphine, Xanax, and Buprenorphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 8/2 mg SL #160:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** According to pages 26-27 of CA MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for treatment of Opiate addiction. It is also an option for chronic pain, especially after detoxification in patients with a history of opiate addiction. In this case, patient has been on suboxone since January 2014 for polysubstance dependence from both Opioid and Benzodiazepine use. However, there is no documentation concerning pain relief and functional improvement derived from its use. Patient continued to complain of 10/10 pain severity on multiple body parts. There is likewise a recommendation to wean patient off from suboxone, however, the requested #160 quantity does not correlate such plan. Therefore, the request for Suboxone 8/2 mg SL #160 is not medically necessary.