

Case Number:	CM14-0169584		
Date Assigned:	10/17/2014	Date of Injury:	06/16/2001
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 6, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated October 3, 2014, the claims administrator partially approved a request for Suboxone (buprenorphine) reportedly for weaning purposes. The claims administrator's rationale was sparse to negligible. The applicant's attorney subsequently appealed. In a March 6, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant did have a history of addiction to cigarettes, alcohol, and opioids, it was suggested. The applicant was given a refill of Suboxone. It was stated that the applicant was having difficulty with tapering of the same. The applicant was asked to consider transfer of care to a Suboxone specialist. It was suggested that the applicant was working full time, fully duty work, and that the applicant had discontinued Duragesic, Norco, and Cymbalta. The applicant was, however, using Wellbutrin, Pamelor, Xanax, belladonna, and Protonix, in addition to Suboxone. In a progress note dated July 7, 2014, the applicant was given a prescription for Suboxone for chronic pain purposes. The applicant had reportedly discontinued Duragesic, Norco, Cymbalta, and Wellbutrin. The applicant was also using Pamelor, Xanax, belladonna, and Protonix, it was acknowledged. 3 to 4/10 pain was noted. The applicant stated that her complaints had reduced from 8/10 without medications to 3 to 4/10 with medications. The applicant stated that her goal, ultimately, was to taper and discontinue Suboxone altogether. In a subsequent note dated September 25, 2014, the applicant was again described as working full time, full duty work. The applicant stated ongoing usage of Suboxone was ameliorating her pain complaints and that she was still using Pamelor, Xanax, belladonna, and Protonix. Suboxone was again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2 MG #60: Upheld

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

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

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine (Suboxone) is recommended in the treatment of opioid addiction and as an option in the treatment of chronic pain in applicants who are previously detoxified of opioids who have a history of chronic opioid addiction. In this case, the applicant apparently has a history of addiction to various substances, including opioids, alcohol, and cigarettes. The applicant has apparently used Suboxone as a transitory step toward weaning off of opioids altogether. The applicant has apparently discontinued Duragesic, and Norco following introduction of Suboxone. Ongoing usage of Suboxone has facilitated the applicant's reaming at work, is improving the applicant's ability to perform activities of daily living, and is generating appropriate analgesia, the applicant has further posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.