

<b>Case Number:</b>	CM14-0175428		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/12/1994
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 51 years old female with an injury date on 08/12/1994. Based on the 09/09/2014 progress report provided by [REDACTED], the diagnoses are: 1. Low back pain 2. SP revision post-laminectomy with fusion According to this report, the patient complains of primarily low back pain which radiates into the bilateral lower extremities with numbness, tingling, and weakness; left greater than right. Physical exam reveals decreased range of motion of the thoracic and lumbar spine. Tenderness is noted over the L4-L5 and L5-S1 paraspinal muscles. "The patient's urine drug screens have been consistent and she shows no signs of misuse, abuse, or diversion of medication." There were no other significant findings noted on this report. The utilization review denied the request on 10/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/12/2014 to 09/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone Fil 8 mg/2 mg 1/2-1 strips 9L every 8 hours as needed for pain #42:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Butrans (Suboxone) Buprenorphine Medications for chronic pain Criteria for use of opioids Pag.

**Decision rationale:** According to the 09/09/2014 report by [REDACTED], this patient presents with low back pain, lumbar post-laminectomy syndrome, lumbar radiculopathy, depression, and chronic pain. The treater is requesting Suboxone Fil 8 mg/2 mg 1/2-1 strips 9L every 8 hours as needed for pain #42 but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states "[REDACTED] who indicated he wishes to withdraw the request and confirmed the information already include in the documentation provided for review." The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG does recommend Butrans (Suboxone) as an option for treatment of chronic pain in selected patients. Also, it is suggestive for patients with hyperalgesic component to pain, centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opiate maintenance, for analgesia in patients who have previously been detoxified from other high-dose opioids. Butrans patch contains buprenorphine, an opiate pain medication, use to treat moderate to severe chronic pain. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show no mentions of Suboxone and it is unknown exactly when the patient initially started using this medication. However, the patient seems to be on Oxycontin as one of the reports state, "to help with her pain she had been using OxyContin 60mg 1 every 12 hours along with 40mg 1 at noon and morphine sulfate IR 30mg 1 every 4 hours and Flexeril 10mg 3 times a day. She reports no adverse effects to this medication" and "medication has provided her more consistent pain relief." Concurrent use of Suboxone and Oxycontin would not be indicated. Given that the patient is still on Oxycontin, concurrent use of Suboxone does not appear indicated. Therefore, this request is not medically necessary.