

Case Number:	CM14-0022017		
Date Assigned:	05/09/2014	Date of Injury:	08/20/1996
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 & 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:

This patient is a 49-year-old female with date of injury 08/29/1996. Per treating physician's report, 02/04/2014, patient presents with upper back pain, pain level unchanged since last visit, quality of sleep is fair, activity level has remained the same, taking medications as prescribed. Medications worked well. No side effects reported. Current medications include Suboxone 2 mg, use in the morning for pain. Computed tomography (CT) scan of the cervical spine from 2009 showed C5 to C7 spinal fusion surgery. Examination showed paravertebral muscle tenderness, symmetric reflexes, normal sensory examination, and normal motor examination. Listed diagnoses are cervical pain, cervical disk disorder, post cervical laminectomy syndrome. Under treatment plan, patient completed functional restoration program (██████████). The patient has been seeing ██████████ for psychiatric care, has stopped taking medications, and reports stable mood. The patient was to continue Suboxone and patient notes that with Suboxone and aid of FRP program techniques, she has been able to discontinue taking opiate medications and reduce her overall medication intake. FRP completed from December 2012, was able to stop multiple medications now on just Suboxone therapy. The patient submits random urine drug screen, CURES are appropriate, has pain narcotics agreement on file. The patient able to function, do more with medications as compared to without, independent with activities of daily living (ADLs) and home chores, no significant side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBOXONE 2 MG-0.5MG S1 FILM 2-0.5 #30 WITH 1 REFILL: Overturned

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

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

Decision rationale: This patient presents with chronic neck pain with history of cervical fusion. The request is for Suboxone 2 mg to be used one a day. Review of the report from 02/04/2014 demonstrates that the patient is benefiting from the use of Suboxone. The patient went through functional restoration program, has been able to come off all of the other medications, and is now just on Suboxone. The patient has urine drug screens, CURES report, pain narcotic agreement on file, and is able to function with independent ADLs and house chores. MTUS Guidelines page 26 and 27 supports use of Suboxone for "treatment of opiate addiction". Also recommended as an option for chronic pain especially after the detox medication and patients who have history of opiate addiction. Recommendation is for authorization as the patient has been able to come off with the opiates from the past in the treater document, it provides documentation of pain and functional improvement with use of Suboxone as required by MTUS Guidelines.