

Case Number:	CM14-0024160		
Date Assigned:	06/16/2014	Date of Injury:	07/24/2010
Decision Date:	08/12/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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, major depressive disorder, chronic pain syndrome, chronic hip pain, and chronic thigh pain reportedly associated with an industrial injury of July 24, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; anxiolytic medications; and extensive periods of time off of work. In a Utilization Review Report dated February 4, 2014, the claims administrator partially certified Xanax, apparently for weaning purposes, and also failed to approve Suboxone film. Portions of the Utilization Review Report appeared to have been truncated, however. The applicant's attorney subsequently appealed. In a June 18, 2014 letter, the attending provider stated that the applicant was formerly a high dose morphine user. The attending provider stated that buprenorphine/naloxone (Suboxone) was being used for maintenance purposes, both for chronic pain and opioid addiction purposes. The attending provider stated that he felt that continuation of Suboxone film was needed to prevent the applicant from relapsing back on opioids. A December 10, 2013 progress note was notable for comments that the applicant was on buprenorphine, naloxone tablets, and Suboxone film. The applicant was totally temporary disabled, it was stated. Both Suboxone and Xanax were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBOXONE 8MG-2MG SUBLINGUAL FILM QUANTITY #90: Overturned

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

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

Decision rationale: As noted on pages 26 and 27 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine (Suboxone) is "recommended" for the treatment of opioid addiction and is recommended as an option in the treatment of chronic pain, especially in applicants who have detoxified off of opioids. In this case, the applicant has a history of opioid addiction and apparently is using buprenorphine naloxone to transition off of morphine. Continuing Suboxone (buprenorphine) is therefore indicated. Accordingly, the request is medically necessary.