

Case Number:	CM14-0026216		
Date Assigned:	09/18/2014	Date of Injury:	03/15/2002
Decision Date:	10/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 Internal 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 injured worker is a 59-year-old female who reported an injury on 03/15/2002 caused by an unspecified mechanism. The injured worker's treatment history included medications, psychotherapy treatment, MRI studies, and physical therapy session. The injured worker was evaluated on 01/09/2014, and it was documented that the injured worker had increased neck pain with radiation to the right trapezius with popping. The left knee also tended to pop, and she was concerned. The injured worker also complained of low back pain radiating to the left lower extremity status post C5 through 7 fusion on 02/09/2010, with residual neck pain, and intermittent symptoms of numbness and tingling in the right hand. The injured worker experienced headaches about 3 times a week when the neck pain was intense. The injured worker complained of left knee pain. Examination of the cervical spine revealed slight tenderness and mild spasms, limited range of motion, and negative Spurling's. Examination of the lumbar spine showed a well healed surgical scar, mild to moderate tenderness and spasm, and limited range of motion. Examination of the shoulders revealed limited range of motion in flexion and abduction, as well as tenderness to the right AC joint. Examination of both knees showed tenderness around the left patellar area, and limited range of motion in flexion. Examination of the left hip revealed tenderness and a positive Patrick's test. It was noted the injured worker was given a prescription for suboxone from another provider, and he was going to continue the same prescription mentioned above. It was noted that the injured worker appeared more depressed than usual. Diagnoses included status post cervical spine fusion C5 through C7, with improvement in radicular pain and numbness to the right index and middle finger; thoracic strain, right greater than left; right shoulder strain; right forearm pain; left knee strain; status post left knee arthroscopy; status post lumbar spine surgery with L3 through S1 fusion; left hip strain; secondary depression and secondary anxiety/panic attacks; secondary headaches due to

continued pain and depression; right knee strain, due to left knee pain, with intermittent symptoms; constipation due to use of Opana. The provider noted his recommendation was to continue the injured worker on her medications, including suboxone H/T 1 tablet 4 times a day per the previous provider. It was noted that the injured worker had gone off of all other opioids since she received suboxone, including OxyContin and oxycodone. A Request for Authorization dated 09/15/2014 was for a safety tub and suboxone 8 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Safety Tub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University Of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core-Academic Institution, 1996; revised Feb., 2004, Page 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment.

Decision rationale: According to the Official Disability Guidelines (ODG) state that Durable medical equipment for home uses are for medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, Sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The injured worker stated that she is independent with activities of daily living. Additionally, it was unclear why the injured worker was not able to do simple additions to her current bathtub, such as a portable shower seat and/or a nonskid shower/tub mat. As such, the request for a Safety Tub is not medically necessary.

Suboxone 8 mg-2 mg #120 films with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Suboxone/Butrans (Buprenorphine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Buprenorphine Page(s): 124; 26.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines state weaning of medications such as Suboxone. Tapering is required if used for greater than 2 weeks. This is

more dangerous than opioid withdrawal, and takes more time, with the following recommendations: (1) The recommended rate of tapering is about 1/8 to 1/10 of the daily dose every 1 to 2 weeks; (2) Rate of withdrawal should be individually tapered; (3) Tapering may take as long as a year; (4) High-dose abusers or those with polydrug abuse may need in-patient detoxification; & (5) Withdrawal can occur when a. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of withdrawal. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg/day and the taper is 30 mg/day with a slower taper in an outpatient setting. Tapering should be individualized for each patient. According to the evidence based guidelines, buprenorphine is recommended for treatment of opioid addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction In this case, the injured worker has been in detoxification treatment for over 1 year. The injured worker was weaned from OxyContin and oxycodone; however, continues on suboxone. The records submitted for review do not establish an effort to subsequently wean the injured worker's suboxone dosage. Therefore, the request for Suboxone 8 mg-2 mg #120 films with 3 refills is not medically necessary.