MAXIMUS Federal Services

Case Number:	CM14-0032930		
Date Assigned:	03/21/2014	Date of Injury:	12/24/2007
Decision Date:	06/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 record indicates a 47-year-old individual with a date of injury of December 24, 2007. A progress note dated March 12, 2014 from the patient's PTP ([redacted] and [redacted]) indicates that the patient presents for medication refill for hand pain. The pain is described as aching, burning, throbbing, and shooting and is rated 7/10 on the VAS. The medication improves the patient walking, sitting, and standing tolerance. Medications referenced are Klonopin, Tylenol number 3, Norco 10/325, Voltaren topical, Butran patch 10 ï¿½g/hour, Cymbalta 60 mg, Suboxone 4 mg. However, the record indicates Norco 10/325 was discontinued on December 18, 2013. The diagnosis noted is ganglion cyst at the base of the 1st ray and Dupuytren's contracture with possible ganglion cyst in the middle of the palm along the 3rd ray. The discussion noted under the assessment for this progress note references a utilization review obtained in January 27, 2014 resulting in denial and provide supporting documentation noting that the patient has had multiple surgeries including bilateral carpal tunnel surgery and multiple tendon surgeries, despite these procedures she continues to have paresthesia, as well as aching pain in the hands, meeting the ODG guidelines criteria for Butran patch use. A notation is made that the patient has neuropathic pain. A notation is also made that she has been detoxified to a lower dose of Hydrocodone from a higher dose of Hydrocodone when placed on the Butran patch. A notation is also made the patient has signed an opioid agreement, follows up regularly, and urine drug screens are performed. Improvement in function and ability to continue working is noted with these medications. Additional notation is made that as a result of the peer review and discussion with the patient, an attempt to wean the patient off the medications on a trial basis was made resulting in significant worsening of pain, reduction of ADLs, and emotional ability over the inability to control pain. As a result this request for Suboxone to be used in an attempt to detoxify the patient off of other medications due to opioid dependence is made. An additional

denial for medications on March 6, 2014 is noted indicating confusion over whether the Suboxone would be replacing the Norco. Further clarification is provided in this notation that the patient is being put on Suboxone and will be discontinuing other opioids including Norco. However, due to lack of authorization, the record indicates the patient was going into withdrawal therefore until appropriate authorization for Suboxone is received, the Norco is being continued to allow continued function and prevent withdrawal. The treating provider has requested Suboxone 4mg-1mg sublingual film, 1 tablet three times per day prn for 14 days # 42.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBOXONE 4MG-1MG SUBLINGUAL FILM, 1 TABLET THREE TIMES A DAY PRN FOR 14 DAYS, DISPENSE 42 TABLETS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Citation for Buprenorphine (Suboxone) Chronic Pain Medical Treat.

Decision rationale: Since the prior denials, documentation in clarification has been noted in the assessment discussion of the March 12, 2014 PTP report, explaining that the plan is to detoxify the patient off of the other opiate medications, and due to opioid dependence, keep the patient on Suboxone for a period of time to further evaluate the patient's function. Further documentation is provided as to the reason for the ongoing prescribing of Norco and Butran, noting that this was to be used in the interim to prevent withdrawal while awaiting certification for Suboxone. Based on the additional clinical detail provided, there is a clinical indication for the use of this medication which is supported by the CA MTUS in this clinical setting. Medical necessity for the requested item has been established. The requested item is medically necessary.