

<b>Case Number:</b>	CM14-0035344		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/10/1999
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 05/05/1998. The mechanism of injury was noted to be blunt force trauma. Prior treatments include heat and use of transcutaneous electrical nerve stimulation. His diagnoses were noted to be lumbar radiculopathy and cervical radiculopathy. The injured worker had a clinical evaluation on 05/22/2013 with complaints of neck pain that radiated to the right shoulder, right arm, and right hand. Pain quality was described as shooting, aching, and throbbing. Severity of pain was noted to be 8/10. The exacerbating factors included physical activity, standing, walking, and weather changes. Relieving factors included lying down, massage, and sitting. The injured worker also had low back pain. He indicates it radiated to his right hip, right leg, and right buttock. He described the pain as aching, sharp, shooting, and throbbing with a severity of 8/10. In reference to the low back, the injured worker noted muscle tightness, numbness, pins and needles, tingling, weakness, and muscle spasms. He indicated this was a daily symptom. Exacerbating factors included physical activity, walking or standing, and stress. The physical exam noted full range of motion, full flexion, and full extension of the upper extremities. Shoulder strength: flexion weakness with 4/5 strength, extension weakness with 4/5 strength, abduction weakness with 4/5 strength. The lower extremities indicated tenderness in the lower legs with overall strength in lower extremities indicated as normal. The injured worker's neurological assessment included decreased temperature sensation, decreased to pinprick sensation of the calf/shin/dorsal foot. Decreased temperature sensation, decreased to pinprick noted in the sole/lateral foot. The treatment plan is for surgical intervention to replace a battery in the injured worker's spinal cord stimulator. The provider's rationale for the request and the Request for Authorization for medical treatment was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Buprenorphine/Naloxone Sublingual 8-2mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, online edition Chapter: Pain.

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

**Decision rationale:** The request for retro Buprenorphine/Naloxone Sublingual 8/2 mg quantity 60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Buprenorphine for treatment of opiate addiction. The guidelines also recommended this as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. Buprenorphine Hydrochloride and Naloxone Hydrochloride have a brand name of Suboxone. This is also supplied as a sublingual tablet in 2 dose strengths (2/0.5 mg or 8/2 mg). While the guidelines recommend this medication for dependence, the clinical documentation does not indicate the injured worker with an opiate addiction. In addition, the request failed to provide a frequency. Therefore, the request for retro Buprenorphine/Naloxone Sublingual 8/2 mg quantity 60 is not medically necessary.