

<b>Case Number:</b>	CM14-0049375		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/29/2001
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Neurological Surgery 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 57-year-old gentleman who was reportedly injured on April 29, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 28, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated an antalgic gait and decreased sensation of the right lateral and posterior leg. Quadriceps and ankle flexion strength was rated at 4/5. There was a right-sided decreased patellar reflex. A request had been made for Suboxone and was not certified in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 8mg/2mg One (1) by mouth (PO) twice a day (BID) #60/30 days:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Buprenorphine for opioid dependence, Updated July 10, 2014.

**Decision rationale:** According to the medical record the injured employee has a history of opioid dependence and this request for Subaxone is intended to assist weaning from Tramadol.

The medical record does state that the injured employees intending to wean from Tramadol. The previous utilization management review had agreed to certify the prior request for Subaxone at the amount currently requested. This request for Subaxone is medically necessary.