

Case Number:	CM14-0049518		
Date Assigned:	07/07/2014	Date of Injury:	08/20/1996
Decision Date:	08/21/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 former Legal Office employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 20, 1996. 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; earlier cervical spine surgery; long-acting opioids; psychotropic medications; and psychotherapy. In a Utilization Review Report dated April 11, 2014, the claims administrator partially certified Suboxone on the grounds that the claims administrator posited that Suboxone was indicated only for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated April 12, 2012, the applicant was described as using baclofen, morphine, Cymbalta, and Wellbutrin. Authorization for a functional restoration program was sought at this point. The applicant was permanent and stationary. It did not appear that the applicant was working with permanent limitations in place. In a progress note dated July 8, 2014, the applicant presented with persistent complaints of neck and low back pain. The attending provider stated that the applicant had previously attended a functional restoration program which had resulted in weaning of Suboxone from 6 mg dosage to 2 mg dosage. The attending provider stated that the applicant was in the process of using Suboxone to taper off of opioids. The attending provider stated that current use of Suboxone was allowing the applicant to maintain her current exercise regimen and activity levels. The attending provider appealed the previously denied request for Suboxone film. The attending provider stated that the applicant's pain level had diminished from 9/10 to 3/10 with Suboxone and that the applicant's mental state had improved following transition from Kadian to Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF SUBOXONE 2MG 0.5MG SI FILM #30 WITH 1 REFILL-
MODIFIED TO 1 PRESCRIPTION OF SUBOXONE 2MG-0.5MG #15 WITH 1 REFILL:**
Upheld

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

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, Suboxone (buprenorphine) is indicated in the treatment of opioid addiction and is also recommended as an option for treatment of chronic pain in patients who have detoxified off of other opioids. In this case, the applicant did in fact detoxify off of morphine. The applicant apparently has a history of opioid addiction. The applicant is in the process of using buprenorphine as a transitory step to possibly ceasing consumption of opioids altogether. At the present time, the attending provider, has furthermore, posited that ongoing usage of Suboxone (buprenorphine-naloxone) has ameliorated the applicant's ability to perform activities of daily living and is successfully diminishing her pain levels. Continuing the same, on balance, is indicated as the applicant is demonstrating requisite improvements in pain and function with ongoing usage of Suboxone. Therefore, the request is not medically necessary.