

<b>Case Number:</b>	CM14-0052960		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/14/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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 patient is a 44-year-old male with a 7/14/08 date of injury, when he received burns to the hand, arm, and face when lighting a boiler. 1/7/14 progress note described chronic low back pain with radiation to the buttock and right anterior thigh, with numbness and weakness in the right leg. Clinically, there was lumbar spine muscle atrophy with spasms; sensory loss on the right in the L5 dermatome; reduced strength in the left quadriceps and iliopsoas; tibialis anterior gluteus medius and EHL. 1/29/14 utilization review note documented that medications requested were modified to include methadone 10, 4 tabs 2 times q.d.; Norco 10 mg, 2 tablets 3x q.d.; and Soma 1 q.h.s. #30, in order to begin weaning off medications. 3/29/14 AME described 4-6/10 pain levels. Methadone has been decreased from 15 methadone tablets to 14 per day, with increased pain. The patient was declared at P&S. RFA was recommended, and if provided to be beneficial, medications could be tapered. 4/1/14 progress note documented that the patient's current medication regimen is not effective in managing pain. Current medications include fentanyl patch, Norco, soma, and methadone. Induction is a stone was discussed. 4/9/14 utilization review determination note documented that the treatment plan was modified for a one-time consultation with an addiction specialist for evaluation and specific treatment, including Suboxone use. However, induction with Suboxone in the office in and medical coverage were not found medically necessary. The patient's diagnosis is opioid dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INDUCTION WITH SUBOXONE IN OFFICE: INDUCE PATIENT WITH SUBOXONE IN HOUSE DEPENDING ON SUFFICIENT DOSE (1/2 QUID): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, BUPRENORPHINE FOR OPIOID DEPENDENCE.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** A request for induction with Suboxone in the office obtained an adverse determination, as the patient was noted to have significant opioid dependence. Consultation with an addiction specialist was recommended. There is no additional information within the context of this appeal, and it is unclear if the patient has undergone a consultation with an addiction specialist. CA MTUS chronic pain medical treatment guidelines states that indications for Suboxone treatment includes opioid agonist dependence. The prior review indicated that although the requesting provider had experience with treating patients with Suboxone, due to the patient's significant dependence issues, prior to initiation of Suboxone, it would be prudent for the patient to have a consultation with an addiction specialist. This has not been documented and a request for initiation of Suboxone is not substantiated.

**F/U TREATMENT FOR PAIN CONTROL: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ON GOING MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Medical necessity for a follow-up is established. The patient has chronic pain and is noted to have a significant opioid dependence issue. Initiation of Suboxone was not recommended, as it was suggested that the patient should undergo consultation with an addiction specialist. MTUS low back chapter describes the need for follow-up visits to counsel the patient about medication use, activities, and other concerns. A follow up will provide the opportunity to refer the patient to an addiction specialist and provide additional treatment recommendations.

**MEDICATION COVERAGE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Pain chapter; weaning; Opioids

**Decision rationale:** Medical necessity for medical coverage is not established. This is not a request for treatment and it is not within the scope of this review to evaluate whether the patient's claim and subsequent medication treatment should be covered. However, it is clear that the

patient has chronic pain and is opioid dependent. Continued treatment is necessary, and abrupt withdrawal of opioid medications is dangerous and not recommended.