

Case Number:	CM14-0060455		
Date Assigned:	07/09/2014	Date of Injury:	12/07/2009
Decision Date:	08/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 Management 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:

According to the records made available for review, this is a 56-year-old male with a 12/7/09 date of injury, and status post L5-S1 decompression/fusion April 2011, status post L4-5/L5-S1 decompression/fusion 3/28/12, and status post hardware removal 2/5/13. At the time (4/3/14) of the decision for Suboxone 2mg #120, there is documentation of subjective (low back pain, back stiffness, radicular pain in left leg, sharp pain and hip pain) and objective (positive straight leg raise, strength of bilateral lower extremities 5/5, deep tendon reflexes +1 bilateral knees, sensory intact to both lower extremities, positive pelvic thrust right, positive FABER maneuver right, positive Gaenslen's maneuver bilaterally, pain to palpation over L4 to L5 and L5 to S1 facet capsules right, and pain with rotational extension indicative of facet capsular tears right) findings. The patient's current diagnoses include displacement of lumbar intervertebral disc without myelopathy. The treatment to date includes including ongoing treatment with Suboxone with improvement in activity tolerance. The medical report identifies patient developed major dependence on opiates and was started on a withdrawal program with transitioning to Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2mg one (1) four times a day (QID) #120: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment guidelines identify documentation of opioid dependence as criteria necessary to support the medical necessity of Suboxone (Buprenorphine). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of opioid dependence. Furthermore, given documentation of increased activity tolerance with Suboxone, there is documentation of functional benefit or improvement as an increase in activity tolerance. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Suboxone 2mg #120 is medically necessary.