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| <b>Case Number:</b>   | CM14-0064125 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 09/07/2000 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 04/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/06/2014 |

### 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 Internal 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 had his injury on 9/7/00. He was seen by his doctor on 3/4/14, and it was noted that he suffered from post laminectomy syndrome of his cervical region. His medical regimen included Clonidine, Effexor ER, Protonix, Topamax, Ultram, Albuterol and Zocor. The M.D. noted that the patient had been started on Subutex or Buprenorphine by the ER the past week for withdrawal secondary to overuse of his pain medicine. He was requesting to refill the Subutex and to obtain an addiction consult .The M.D. also noted that the patient had anxiety and that Neurontin had been beneficial in treating this in the past as a mood stabilizer. He stated that once the patient was stabilized he hoped to administer this medication at his next clinic visit in 1 month. However, the UR denied the request for an addiction consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Addiction Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition Chapter 7 - Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27, 34, 78, 87, 124.

**Decision rationale:** The MTUS states that the detrimental effects of drug use on lifestyle and psychosocial functioning may be attributed to the chronic pain condition instead of the drug use and that this can make it difficult to diagnose and treat addiction to pain medication. It also states that in complex conditions with multiple comorbidities including such conditions as psychiatric disorders patients should be referred to either addiction medical specialist or psychiatric specialists. The MTUS also states that medicine consultation should be sought if there is evidence of substance abuse. It also states that early research indicates that simultaneous dependency/addiction programs with pain programs may be a viable option if addiction to pain medication is present. Lastly, it states that Buprenorphine is a drug whose pharmacologic and safety profile is attractive in treating addiction to opioids. According to the medical records, it is observed that the above patient is addicted to his pain medication and presented with withdrawal symptoms to the ER and that he was appropriately treated with Buprenorphine. He was a complex patient with issues of anxiety and depression and was seeking help for his addiction. Therefore, it is appropriate to seek addiction consult with an M.D. who specializes in this area. Therefore, the request for addiction Consultation is medically necessary and appropriate.