

<b>Case Number:</b>	CM14-0064616		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/15/1996
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 injured worker is a 60 year old male. The mechanism of injury is not described. Per the clinical note dated 04/08/14, he has complaints of low back pain, leg pain, right leg sciatica, right knee pain, and myalgia. The record indicates that the injured worker was chronically maintained on opiate medications for a period of 20 years. He subsequently was transitioned to Suboxone. His pain is rated as 2/10 while on medications. He is reported to have had decreased pain and improved function with medications. On physical examination, he is noted to have tenderness over the cervical spine with decreased cervical range of motion. He has joint line tenderness of the right knee with positive McMurray's tests. Flexion is decreased secondary to pain. He is noted to have tenderness over the lumbar spine and facet joints with decreased range of motion. He is noted to have undergone UDS on 04/08/14 which was consistent with his medications. He is further noted to have undergone a urine creatinine assay. He is to be continued on Suboxone 2/0.5mg #60 with 3 refills. The record contains a utilization review determination dated 04/26/14 in which a request for Suboxone 2/0.5mg #60 with 3 refills and 1 assay of urine creatinine was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 2/0.5mg #60 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Suboxone.

**Decision rationale:** The request for Suboxone 2/0.5mg #60 with 3 refills is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a chronic pain syndrome for which is adequately controlled with this medication. The records indicate that his pain levels are 2/10. There is no evidence of diversion or misuse and urine drug screens are appropriate. As such, the continuation of this medication is recommended as medically necessary.

**1 assay of urine creatinine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The request for 1 assay of urine creatinine is not supported as medically necessary. While the record indicates that the injured worker has been maintained on oral medications for nearly 20 years, there is no data presented which would indicate that the injured worker has kidney dysfunction associated with chronic use and therefore, this assay would not have been medically necessary.