

Case Number:	CM14-0068662		
Date Assigned:	07/14/2014	Date of Injury:	07/22/2013
Decision Date:	09/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/13/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant has an original date of injury of 7/22/2003. He is treated for low back pain and post laminectomy syndrome. Other diagnoses include depression, sleep disorder, hypertension and cervical radiculopathy. Past treatments have included surgery and medication. The current request is for suboxone 8 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Section 2 pp 74-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Buprenorphine.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) allows for the use of opioid medication, such as suboxone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy

of any other treatments and of any other medications used in pain treatment. Official Disability Guidelines (ODG) guidelines state that buprenorphine (as in Suboxone) is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. In this case the medical records state that there was a narcotic tolerant state but contain no details of this or of any prior issues with other narcotic addiction or misuse. None of the other conditions for which suboxone use is recommended are documented for this claimant. A prior UR approval of Suboxone on 4/2/2014 gave prospective approval but required that the provider submit evidence of trial of alternate drugs from the "y" list of ODG with failure of this trial to allow for ongoing certification of Suboxone. No such evidence was submitted. As such, there is no medical necessity for ongoing treatment with Suboxone. The request for this treatment is not medically necessary and appropriate.