

<b>Case Number:</b>	CM14-0070895		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/09/1988
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Physical Medicine and Rehabilitation, 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 59-year-old female who reported an injury on 05/05/1988 while trying to open a window in a classroom. The injured worker's diagnoses were failed back syndrome post multiple lumbar spine surgeries, chronic pain and narcotic dependence as well as depression. The injured worker's past treatments were physical therapy and a lumbar sympathetic block on 09/05/1999, swimming therapy, hypnotherapy home exercise program, as well as medication. The injured worker's past diagnostics included a CT of the lumbar spine, a lumbar discogram, an x-ray of the lumbar spine, an EMG dated 03/21/1999 which showed evidence of chronic and acute right S1 radiculopathy. The injured worker's surgical history was an anterior lumbar interbody fusion with allograft of the lumbar spine. The injured worker complained of back pain and leg numbness. On physical examination dated 11/15/2013, there was tenderness to the right lumbar spine region. The injured worker had 2 to 3+ deep tendon reflexes in the patella. Straight leg raise appeared to be positive on the right. The injured worker's medications include Suboxone 8 mg, Lexapro 20 mg, Celebrex 400 mg, Fioricet and Lidoderm 5% patch. The treatment plan is for the request of Suboxone 8 mg / 2 mg #360. The rationale for the request was not submitted with the documentation. The Request for Authorization form was not provided with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 8mg/2mg #360:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment (Official Disability Guidelines).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Monitoring Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated that the injured worker was complaining of back pain and leg numbness. There was a lack of documentation as to adverse side effects with the use of opioids. There was no notation as to any issues with aberrant behavior. There is no submitted recent drug screen to show the consistency and to verify appropriate medication use. In the absence of consistent results on the urine drug screen to verify compliance, the criteria for the ongoing use of opioid medication have not been met. The frequency of the medication was not provided in the request as submitted. As such, the request for Suboxone 8 mg / 2 mg #360 is non-certified.