

<b>Case Number:</b>	CM14-0077544		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Illinois. 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 55-year-old male who reported an injury on 10/16/2012. The mechanism of injury was a fall. Medications included Vicodin 5/500 mg up to 4 tablets every day and Ibuprofen 800 mg 3 times a day. The injured worker a diagnosis of right knee pain, right medial collateral ligament dysfunction, right anserine bursa, chronic pain syndrome, depression with symptoms of anxiety secondary to the work related injury and generalized deconditioning. There was no past surgical history. The Request for Authorization was dated 05/12/2014. The rationale was not submitted within documentation provided for review. The treatment plan is for Suboxone induction (50 hours, quantity 50). On 05/05/2014, the injured worker was frustrated because the pain continued to be significant. It is described as 6 to 7 out of 10. The pain was to the right knee. The injured worker was unable to stand or walk for periods greater than 20 minutes. He has been seen for cognitive behavior therapy 4 out of 6 times. The injured worker has been authorized for 6 functional behavior therapy sessions. On 05/14/2014, the report revealed the injured worker had tried and failed the following medications; Vicodin up to 4 tablets per day, Cymbalta up to 60 mg per day, Norco 10/325 up to 4 tablets per day, Gabapentin 300 mg up to 6 tablets per day, Ibuprofen up to 600 mg twice daily, Naproxen up to 1000 mg per day, and Tylenol up to 1000 mg per day. The patient ahd failed physical therapy and the last session was done in 04/2013. The injured worker had over 24 physical therapy sessions and pain psychological treatments; four psychological sessions were authorized and the last one was done on 04/28/2014. Individual physical therapy sessions and cognitive behavioral therapy with pain psychology were not successful. Physical therapy goals were not met including improved functionality and walking tolerance, strengthening of the quadriceps and lumbar range of motion. The injured worker stated somewhat pain relief with medications. He describes the pain anywhere from an 8 to a 9 out of 10 in severity, pre-medication is 7 out of 10 post medication.

The injured worker stated the pain was decreasing his functionality to the point where he is not able to do activities of daily living, such as standing for greater than 20 minutes, unable to perform household chores, such as cleaning or meal preparation because of pain. At times, it is too painful for him to bend over to tie his shoes. Objective functional measurements included the injured worker was unable to lift greater than 35 pounds from floor to waist. He was unable to lift floor to overhead greater than 20 pounds. He was unable to repeat the past 3 repetitions. He was unable to kneel beyond 2 minutes. He was unable to stoop in a full position. He was unable to be independent in activities of daily living and walk or stand for prolonged periods of time greater than 20 minutes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Suboxone Inducton (50Hours) Qty 50: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 27.

**Decision rationale:** The request for Suboxone induction (50 hours) quantity: 50 is not medically necessary. The injured worker has a history of right knee pain. The California MTUS Guidelines recommend Suboxone as a treatment for opioid dependence. The injured worker takes a limited amount of Vicodin. There is lack of documentation that suggests that the injured worker is opioid dependence. There is lack of documentation of a history of failed attempts of weaning the Vicodin. There is lack of documentation to support the necessity for said medication. There is lack of documentation for the medical necessity to wean with said medication. As such, the request is not medically necessary.