

Case Number:	CM14-0082459		
Date Assigned:	07/18/2014	Date of Injury:	02/07/2008
Decision Date:	09/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This patient is a 60 year old male employee with date of injury of 2/7/2008. A review of the medical records indicate that the patient is undergoing treatment for neck and back pain. Subjective complaints include 6/10 neck pain radiating to the bilateral upper extremities; nature of the pain is aching, burning, constant. Objective findings include decreased range of motion of both neck and lower back and an antalgic gait. Treatment has included flexeril, trazadone, lidoderm, and suboxone. The utilization review dated 5/19/2014 partially certified Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8-2mg, sublingual film, 4 times a day (QID), #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26,27,81,124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workmans Compensation (TWC), 12 ed, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

Decision rationale: The Chronic Pain cited guidelines state that Suboxone, which is a brand name of the drug known as buprenorphine, is "Recommended for treatment of opiate addiction.

Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The ODG states that 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. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience."The employee is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Suboxone and not one of the first line agents. Therefore, the request for Suboxone 8-2mg, sublingual film, 4 times per day #120, is not medically necessary.