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| Case Number: | CM14-0091835 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 06/15/1999 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 and Washington. 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 female who reported an injury on 06/15/1999. The mechanism of injury was not noted within the documentation. The injured worker's diagnoses were noted to be lumbar postlaminectomy syndrome and chronic low back pain syndrome. Prior treatments were noted to be medications. The injured worker's surgical history was noted to be fusion in 2003, rotator cuff surgery in 2000, rotator cuff surgery repeated in 2000, and left knee surgery repeated in 2001. The injured worker had a clinical evaluation on 05/22/2014 with chief complaints of low back pain and opiate dependence. The physical exam noted the injured worker alert and with normal affect, yet agitated. She was oriented to time, place, and person. It was noted that the injured worker paced constantly and liked to have her back up against the wall for support. The injured worker's medications were noted to be Cymbalta, Gabapentin, omeprazole, Skelaxin, and Suboxone. The treatment plan was to obtain refills for current medications, and a follow-up appointment was made. The provider's rationale for the request was provided within a refill of the treatment plan. A Request for Authorization form was submitted and dated 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2mg/0.5mg four times daily #240 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing; When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

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

Decision rationale: The request for Suboxone 2mg/0.5mg four times daily #240 with 2 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Suboxone for treatment of opiate agonist dependence. When used for the treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. It's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Its usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Few studies have been reported on the efficacy of Suboxone for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids have shown poor outcomes. Suboxone, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected. The injured worker's documentation notes a diagnosis of opiate dependence. However, clinical documentation does not indicate that the provider is in compliance with the Drug Addiction Treatment Act of 2000. The efficacy with prior use is not noted. An adequate pain assessment is not provided within the examination on 05/22/2014. Therefore, the request for Suboxone 2mg/0.5mg four times daily #240 with 2 refills is not medically necessary.