

Case Number:	CM14-0095889		
Date Assigned:	07/25/2014	Date of Injury:	01/28/2006
Decision Date:	09/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 38-year-old who sustained a work-related injury on January 20, 2006. Subsequently, he developed low back and bilateral knees pain. The patient underwent left femur ORIF in January 2006. A left knee arthroscopy was performed on April 28, 2009. The patient's condition is complicated by lupus and severe peripheral vascular disease with evidence of occluded splenic arteries. The patient underwent partial amputation of the left first, second, and third toes as of July 2006 due to lupus. He developed a blood clot to the right lower extremity and underwent surgery on May 10, 2012. In December 20, 2012, he underwent a right lower extremity angiogram for percutaneous angioplasty of the right proximal femoral popliteal bypass graft for thrombolysis; however, it was not successful. According to the progress note dated on October 25, 2013, the patient reported knee pain and diffused pain in neck and mid-back. According to a follow-up report dated May 15, 2014, the patient was placed on Suboxone for both his pain and also helping prevent withdrawal symptoms. The patient is currently wheelchair bound. He had some decreased sensation in the bilateral feet with some hypersensitivity in the left foot. He appears alert without signs of sedation. The patient was diagnosed with left lower extremity pain, low back pain, and left knee pain. The provider requested authorization for Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 4 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Suboxone is recommended to treat opiate addiction. In this case, the patient was last provided suboxone in November 2013 and has not returned to the pain clinic until May 2014. It was reported that the patient was not taking this medication on a regular basis. There is no documentation that the patient developed opioid addiction. Furthermore, there is no documentation for pain and functional improvement with previous use of Suboxone. Therefore, the request for Suboxone 4 mg, ninety count, is not medically necessary.