

Case Number:	CM13-0062097		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2011
Decision Date:	01/09/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 46 year old male with an injury date of 02/14/11. Based on the 11/22/13 progress report provided by treating physician, the patient complains of low back pain that radiates to bilateral lower extremities rated 7-8/10 with and 9/10 without medications. Physical examination to the lumbar spine revealed tenderness to palpation to the lumbar fascial, and spinal vertebrae at L4-S1. Range of motion was decreased secondary to pain. Patient's medications include Tramadol ER, Tramadol, Klonopin, Tizanidine and Suboxone. Per progress report dated 11/22/13, treater has quoted guideline pertaining to treatment of opiate addiction, and dispensed Suboxone without providing discussion for prescription. Patient is temporarily totally disabled. Urine toxicology report dated 08/26/13 was provided. Diagnosis 11/23/13; lumbar radiculopathy; lumbar facet arthropathy; iatrogenic opiod dependency; chronic pain other; vitamin D deficiency; obesity. Diagnosis 12/02/13; multilevel lumbar disc degeneration with foraminal encroachment, segmental collapse, lateral listhesis, lumbar scoliosis and loss of lordosis noted on plain films; status post TLIF, L2-L3, L3-L4 and L4-L5 05/28/13; clean postoperative myelo Computerized Tomography (CT); mood disorder, presumably a compensable consequence. The utilization review determination being challenged is dated 12/03/13. Treatment reports were provided from 06/05/13 - 12/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone MIS 8-2mg day supply: 30 Qty: 60 refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124 of 127..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88 and 89, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) chapter, Buprenorphine for chronic pain.

Decision rationale: The patient presents with low back pain that radiates to bilateral lower extremities rated 7-8/10 with and 9/10 without medications. The request is for Suboxone MIS 8-2mg day supply 30 Qty 60 refills 0. The patient is status post TLIF, L2-L3, L3-L4 and L4-L5 on 05/28/13. Patient's diagnosis on 12/02/13 included multilevel lumbar disc degeneration with foraminal encroachment, segmental collapse, lateral listhesis, lumbar scoliosis and loss of lordosis noted on plain films. Diagnosis on 11/23/13 included lumbar radiculopathy, lumbar facet arthropathy, and iatrogenic opioid dependency. Patient's medications include Tramadol ER, Tramadol, Klonopin, Tizanidine and Suboxone. Urine toxicology report dated 08/26/13 was provided. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. ODG-TWC, Pain (Chronic) Chapter states: "Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence... Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain." "Buprenorphine for chronic pain: 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." Per progress report dated 11/22/13, treater has quoted guideline pertaining to treatment of opiate addiction, and dispensed Suboxone without providing discussion for prescription. Furthermore, treater has not stated how Suboxone reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.