

Case Number:	CM14-0149265		
Date Assigned:	09/18/2014	Date of Injury:	10/21/2000
Decision Date:	06/02/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male sustained an industrial injury to the low back on 10/21/00. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy, injections and medications. In a behavioral medicine evaluation dated 7/8/14, the injured worker complained of ongoing low back pain, rated 6-7/10 on the visual analog scale, with radiation down bilateral legs associated with significant decreased functional activities as well as symptoms of anxiety and depression. The injured worker reported that his pain interfered with his ability to work. The injured worker was diagnosed with moderate psychological factors affecting other medical conditions. The treatment plan included participation in a chronic pain functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone induction for 50hrs of contact: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 27-28.

Decision rationale: According to the MTUS, Buprenorphine is recommended for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) there is no documentation that the patient is currently undergoing formal drug addiction treatment. Suboxone induction for 50 hrs of contact is not medically necessary.

2 week Functional Restoration Program total of 50hrs of contact time: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. 2-week Functional Restoration Program total of 50 hrs of contact time is not medically necessary.