

<b>Case Number:</b>	CM14-0190647		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	07/26/2004
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Occupational Medicine 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:

This is a 56-year-old male with a 7/26/04 date of injury. The most recent medical record provided for review is dated 2/19/13. The UR decision dated 10/16/14 refers to a progress report dated 10/6/14. The patient stated that everything aggravated his pain. He reported his pain as a 6/10. Lying down, heat, and pain medications gave him relief. Objective findings: decreased range of motion of lumbar spine with pain. Diagnostic impression: not provided. Treatment to date: medication management, activity modification, surgery, spinal cord stimulator, detox program and FRP program. A UR decision dated 10/16/14 modified the request for Suboxone from 150 tablets to 60 tablets for weaning purposes. The medical reports do not include any justification for continued use of Suboxone as treatment for chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 2-0.5mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 11, 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Buprenorphine

**Decision rationale:** CA MTUS states that Buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Buprenorphine is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It is primarily classified as a partial mu-agonist and kappa antagonist. It blocks effects of subsequently administered opioid agonists. ODG states that buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). However, given the 2004 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no documentation of significant pain relief or functional improvement with the use of Buprenorphine. Furthermore, there is no documentation that the patient has had a trial and failed a first-line opioid medication. Therefore, the request for Suboxone 2-0.5mg #150 is not medically necessary.