

Case Number:	CM14-0199468		
Date Assigned:	12/09/2014	Date of Injury:	10/18/2010
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/28/2014

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 Family Practice 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:

57-yearr old male claimant sustained a work injury on 3/10/11 involving the right scapula and head. He sustained headaches and memory loss. He was additionally diagnosed with L4-S1 disc protrusion and radiculopathy. His symptoms had been managed with opioids, muscle relaxants and NSAIDs. A progress note on 9/17/14 indicated the claimant had low back tightness. He recently had discontinued Fentanyl. Exam findings were notable for a positive straight leg raise test on the right. At the time he was on Norco, Ultram, Motrin and Tizanidine for pain and spasms. There was notation of opioid dependence and withdrawal symptoms. The physician requested the use of Suboxone for pain control along with lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2-4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Suboxone

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Page(s): 26-27.

Decision rationale: According to the guidelines, Buprenorphine (Suboxone) is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). Although there was a notation of opioid dependence, the physician had continued the claimant on Norco and Tramadol. There was no documentation of weaning or plan for withdrawal of opioids. Length of Suboxone use was not specified. The Suboxone as prescribed is not medically necessary.