

<b>Case Number:</b>	CM14-0199594		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/01/2007
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 54 year old female who was injured at work on 05/01/2007. She is reported to be complaining of right shoulder and arm pain. There is a history of major depressive disorder, alcohol use, smoking, and narcotic dependence. The physical examination revealed normal right elbow range of motion, negative provocative test, tenderness to palpation of lateral epicondyle, painful wrist extension against resistance. The worker has been diagnosed of reflex sympathetic dystrophy of the right upper extremity, chronic right shoulder pain with neuropathic component status post SLAP repair; left shoulder pain secondary to osteoarthritis; bilateral carpal tunnel syndrome; and pain disorder associated with psychological factors and general medical condition, right lateral epicondylitis. Treatments have included steroid injections to the shoulder, right shoulder arthroscopic SLAP repair 5/2010, three total right shoulder surgeries, HELP functional Restoration program in 07/2014, prednisone, suboxone, oxycodone, Ibuprofen, Levoxyl, restoril and zoloft. At dispute is the request for Suboxone 2 MG/.5 MG #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 2 mg/.5 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Weaning, Opioids (Specific Guidelines)

**Decision rationale:** The injured worker sustained a work related injury on 05/01/2007. The medical records provided indicate the diagnosis of reflex sympathetic dystrophy of the right upper extremity, chronic right shoulder pain with neuropathic component status post SLAP repair; left shoulder pain secondary to osteoarthritis; bilateral carpal tunnel syndrome; and pain disorder associated with psychological factors and general medical condition; right lateral epicondylitis; and narcotic abuse in partial remission. Treatments have included steroid injections to the shoulder, right shoulder arthroscopic SLAP repair 5/2010, three total right shoulder surgeries, HELP functional Restoration program in 07/2014, prednisone, Suboxone, oxycodone, Ibuprofen, Levoxyl, restoril and Zoloft. The medical records provided for review do not indicate a medical necessity for Suboxone 2 mg/.5 mg #90. The records indicate she completed a detox program; however, she was prescribed pain medications for the recent surgery. She is reported to be very emotional at this stage and she has history of major depression and narcotic dependence. The MTUS recommends the use of sublingual Suboxone (Buprenorphine and naloxone) for treatment of opiate dependence by a clinician compliant with the Drug Addiction Treatment Act of 2000. The official Disability Guidelines (ODG) notes that Suboxone administered daily. Based on the medical records and the injured worker's history of narcotic dependence and major depression, this request is not medically necessary.