

Case Number:	CM14-0209461		
Date Assigned:	12/22/2014	Date of Injury:	11/30/2009
Decision Date:	02/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/12/2014

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 49-year-old male who reported an injury on 12/01/2009. The mechanism of injury reportedly occurred when the injured worker was picking up a heavy box from a low shelf. His diagnoses include low back pain and bilateral lower extremity pain. His past treatments include medications, physical therapy, epidural steroid injections, work restrictions. Diagnostic studies include magnetic resonance imaging of the lumbar spine without contrast. His surgical history includes a lumbar fusion at the L2-3 level. The injured worker presented on 11/20/2014 with complaints of low back and bilateral lower extremity pain. Upon physical examination, it was noted that the injured worker had a mildly antalgic gait, appearance of the extremities was normal. Musculoskeletal examination of the bilateral upper extremities, bilateral lower extremities, and the injured worker's spine revealed tenderness to palpation of the region concordant with the injured worker's described area of pain and distal radiation of the pain. They exhibited a globally and regionally reduced range of motion. The injured worker exhibited overall normal stability in his joints. Muscle strength was reduced in the plantar flexor muscles. The injured worker was not able to toe and heel walk. The injured worker did have palpable taut bands in the area of his pain. He appeared to have soft tissue dysfunction and spasm in the thoracic paraspinal, lumbar paraspinal, and gluteal region. Straight leg raise of the affected side reproduced the injured worker's radicular symptoms. Lateral rotation and extension of the spine produced concordant pain in the affected area. The injured worker had decreased Achilles reflex test. The injured worker's current medications included oxycodone 10 mg 4 times a day, Norco 10/325 mg 1 every 4 to 6 hours and occasionally a fifth tablet, and Naprosyn 550 mg once daily.

The treatment plan included a discontinuation of the OxyContin 40 mg, Percocet 10/325 mg, and Valium 5 mg. The treatment plan included a referral to a pain psychologist and assistance with medication detox. The rationale for the request was that it was thought that he had opiate induced hyperalgesia and his pain was worse as a result of it. The Request for Authorization form was not provided within the submitted documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg/2mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

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

Decision rationale: The request for Suboxone 8mg/2mg #30 is medically necessary. The injured worker has radiating low back pain. The California MTUS Guidelines recommend the use of Suboxone when used for treatment of opioid dependence. However, clinicians must be in compliance with the Drug addiction Treatment Act of 2000. The documentation submitted for review indicated that the injured worker is in need of assistance with medication detoxification. As such, the request for Suboxone 8mg/2mg #30 is medically necessary.