

<b>Case Number:</b>	CM15-0001795		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/08/1998
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 51-year-old male who reported an injury on 01/08/1998. The diagnoses included postlaminectomy syndrome, lumbar. The documentation of 11/26/2014 revealed the injured worker's current medications included oxycodone, morphine, Norco, Senna S, and Cymbalta. The injured worker was noted to have upper and lower back pain and bilateral leg pain. The documentation indicated the injured worker had benefited from physical therapy and pool therapy in the past. The injured worker indicated with the use of oxycodone and Norco they would start working in about 30 minutes, lasted from 3 to 4 hours, and reduced the pain down to a 5/10 to 6/10. Without the medications, it was noted the pain was at 10/10. The injured worker was noted to be able to walk for approximately 30 minutes before having to take a break. The documentation indicated the medications were improving the pain. The injured worker had a signed opiate contract and was subject to random drug screens. The injured worker indicated he would like to go back on Suboxone for pain management as he had tried it in the past but it was started just prior to cervical surgery and the injured worker had to go back opioids to manage the postoperative pain. The injured worker was noted to be a current every day smoker. The sensation was intact bilaterally in the upper extremities. The injured worker had tenderness over the lumbar scars and lumbar paraspinal muscles. A request was made for Suboxone 8 mg 3 times per day. An additional request was for oxycodone 15 mg #150 and Norco 10/325 mg tablets 1 every 4 to 6 hours as needed. There was a Request for Authorization submitted for review dated 12/04/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Subutex or Suboxone 8mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; Ongoing management; Opioid dosing Page(s): 60; 78; 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker was utilizing multiple opioids. There was a lack of documentation of the objective functional benefit received from the medication. The cumulative dosing would exceed the guidelines' recommendations of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of exceptional factors, the request for 1 prescription of Subutex or Suboxone 8mg #90 is not medically necessary.