

Case Number:	CM15-0008085		
Date Assigned:	01/26/2015	Date of Injury:	01/15/1999
Decision Date:	03/16/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: Family Practice

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 52 year old female with an industrial injury dated 01/15/1999. Her diagnoses include lumbar disc degeneration, chronic pain secondary to industrial injury, and long term opioid use for chronic pain. Recent diagnostic testing was not submitted or discussed. She has been treated with opioid medications and was noted to have exhibited long term use of these medications. In a progress note dated 01/07/2015, the treating physician reports low back pain and muscle spasms in the leg and foot despite treatment. The objective examination revealed an antalgic gait and no changes in pain. The treating physician is requesting 12 monthly complex chronic care coordination services and Suboxone film which were denied/modified by the utilization review. On 01/08/2015, Utilization Review non-certified a request for 12 monthly complex chronic care coordination services, noting the absence of other treating physicians outside the treating physician's office and no emergency care services. Non-MTUS guidelines were cited. On 01/08/2015 Utilization Review modified a prescription for Suboxone film 8mg #90 to the approval of Suboxone film 8mg #68, noting the absence of documented sustained pain relief or quantifiable evidence of functional improvement. The MTUS was cited. On 01/14/2015, the injured worker submitted an application for IMR for review of Suboxone film 8mg #90, and 12 monthly complex chronic care coordination services.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 monthly complex chronic care coordination services: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services

Decision rationale: A review of the MTUS Guidelines, the Official Disability Guidelines and the National Guideline Clearinghouse are silent on the use of Complex Chronic Care Coordination Services. The above cited information from the Centers for Medicare & Medicaid Services (at CMS.gov) provides information on Primary Care and Complex Chronic Care Management. This information from CMS describes a proposal to pay for non-face-to-face complex chronic care management services for Medicare beneficiaries who have multiple, significant chronic conditions (two or more). Complex chronic care management services include regular physician development and revision of a plan of care, communication with other treating health professionals, and medication management. To be eligible for these services beneficiaries also must have had an Annual Wellness Visit (or an Initial Preventive Physical Examination; as the Annual Wellness Visit can serve as an important foundation for establishing a plan of care. Standards that must be met also include: access at the time of service to Electronic Health Records and written protocols for many aspects of care management implementation, such as specific steps for monitoring medical and functional patient needs. In this case there is insufficient documentation that the requesting providers have met these above stated CMS requirements for complex chronic care management services. Further, there is insufficient rationale provided as to the medical necessity of these visits above the ongoing care provided in the office setting. For these reasons, 12 monthly complex chronic care coordination services are not considered as medically necessary.

Suboxone film 8mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Opioids Page(s): 26, 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of

function, or improved quality of life. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Further, buprenorphine (Suboxone), is described in these guidelines as being used for the following indications: 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) in summary, there is insufficient documentation to support the chronic use of an opioid in this patient. There is insufficient evidence that Suboxone is being used in the treatment of opioid addiction. Treatment with Suboxone is not considered as medically necessary. The Utilization Review decision to provide a supply to allow for weaning, is consistent with MTUS guidelines.