

<b>Case Number:</b>	CM15-0130336		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/21/1999
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 39 year old male, who sustained an industrial injury on 4/21/1999. He reported a heavy equipment accident involving the left foot requiring open reduction and internal fixation (ORIF) and subsequent surgical debridements. Diagnoses include chronic left foot nerve pain, chronic pain due to trauma, RSD of lower extremity and insomnia. Treatments to date include physical therapy and medication therapy. The records documented Lortab, Norco, Tylenol #3 and Ultram produced uncomfortable side effects. He had been prescribed Suboxone for approximately six months. Currently, he complained of ongoing left foot pain rated 5/10 VAS with medication and 7/10 VAS without medication. On 5/22/15, the physical examination documented tenderness in the left foot with palpation. The plan of care included Buprenorphine serum (Suboxone), CMC, Liver Panel, Urinalysis, and a urine drug screen and alcohol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Buprenorphine serum (Suboxone): 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 [http://baynav.bopdhb.govt.nz/mental-health/ostdrugpathway\\_serum-levels/](http://baynav.bopdhb.govt.nz/mental-health/ostdrugpathway_serum-levels/).

**Decision rationale:** CA MTUS and ODG do not address this, therefore alternate guidelines were reviewed. Methadone or Suboxone serum levels are indicated when the clinical picture does not agree with expected/typical responses to a given dose of methadone or Suboxone and when this additional clinical information would be of use in making decisions regarding changes in the methadone or Suboxone dose. The serum methadone or Suboxone level for a given dose will vary between individuals because of individual tolerance and the influence of other factors (e.g. other medications, pregnancy, individual variations in hepatic metabolism and renal clearance). Research to date on the clinical application of serum methadone or Suboxone levels is inconsistent, generally indicating that the overall clinical picture must be the foundation for any decisions regarding adequacy of methadone or Suboxone dose. Serum levels may not provide conclusive information. Review of submitted medical records do not provide clear rationale to support the appropriateness of this test in this injured worker. Medical necessity of the requested item has not been established. The Requested Treatment: One Buprenorphine serum (Suboxone) is not medically necessary and appropriate.

**One CBC:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** MTUS state use NSAIDs with caution in patients with moderate hepatic impairment, and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Medical records do indicate, this injured worker had previous lab tests. Treating provider's notes indicate use of NSAID'S, but do not provide clear rationale to support the appropriateness for repeating the test in this injured worker, the medical necessity of the requested item has not been established. The request for CBC is not medically necessary.

**One liver panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** MTUS state use NSAIDs with caution in patients with moderate hepatic impairment, and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Medical records do indicate, this injured worker had previous lab tests. Review of submitted medical records do not provide clear rationale to support the appropriateness for repeating the test in this injured worker, the medical necessity of the requested item has not been established. The request for liver panel is not medically necessary.

**One Urinalysis:** 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 Uptodate.

**Decision rationale:** CA MTUS and ODG do not address this; therefore, alternate guidelines including Uptodate were reviewed. Urinalysis plays a central role in conjunction with the history, physical examination, and serum chemistries, for evaluating acute and chronic kidney disease. In addition, abnormal findings on a routine urinalysis, often in an otherwise asymptomatic patient, may be the first evidence of underlying kidney disease. The urinalysis can also be used in some patients to monitor the course of kidney diseases. In this case of injured worker, there is no rationale provided for Urinalysis. Medical necessity of the requested treatment UA has not been established. The requested treatment: One Urinalysis is not medically necessary and appropriate.

**One urine drug screen and alcohol:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Testing (UDT).

**Decision rationale:** ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e.

when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of medical records show the injured worker's prior drug screen results did not indicate substance abuse, noncompliance, or aberrant behavior. This injured worker had drug screen in December 2014. The treating provider does not provide any documentation about the need for repeat Urine Toxicology. Guidelines are not met; therefore, the request is not medically necessary.