

Case Number:	CM15-0133393		
Date Assigned:	07/21/2015	Date of Injury:	03/03/2010
Decision Date:	08/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial /work injury on 3/3/10. He reported an initial complaint of lumbar pain. The injured worker was diagnosed as having chronic low back pain, opioid type dependence, depressive disorder, and lumbar post laminectomy syndrome. Treatment to date includes medication, diagnostics, surgery (right L4 decompression on 12/15/10, laminectomy at L5-S1 on 2/2011, revision decompression on 8/26/11), functional restoration program (2014), and home stretching exercises. Currently, the injured worker complained of flare up of pain down the left leg new type of sciatica pain. Per the primary physician's report (PR-2) on 6/23/15, exam noted guarding and pain behavior. Current plan of care included acupuncture and medication. The requested treatments include Suboxone 8mg-2mg sublingual film, place 2 films every day by sublingual route as needed for pain, #60 refills: 2 (prescribed 06/23/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg-2mg sublingual film, place 2 films every day by sublingual route as needed for pain, #60 refills: 2 (prescribed 06/23/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version) (<http://odg-twc.com/odgtwc/pain.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 (3) Buprenorphine, p26.

Decision rationale: The claimant sustained a work injury in March 2010 and has a diagnosis of failed back surgery syndrome. He underwent a lumbar decompression and December 2010 and laminectomy in February 2011 with revision decompression surgery in August 2011. He completed treatment in a functional restoration program in 2014. When seen, he was having a flare up of pain radiating into the left leg. Symptoms had been present for three months. Pain was rated at 7/10. Physical examination findings included a BMI of over 30. There was significant guarding with pain behaviors. The assessment references a history of opioid dependence and the claimant had formally used marijuana. Suboxone 8mg/2mg #60 was prescribed. In terms of Suboxone (buprenorphine), buprenorphine is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids as in this case. However, the total MED (morphine equivalent dose) being prescribed is well in excess of 120 mg per day. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.