

Case Number:	CM15-0136027		
Date Assigned:	07/24/2015	Date of Injury:	11/24/1999
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 62 year old male, who sustained an industrial injury on November 24, 1999. He reported that while lifting boxes he heard a pop in his back with immediate pain, and lost feeling in his legs causing him to fall with everything on the nearby shelf falling on top of him. The injured worker was diagnosed as having chronic low back pain status post four surgeries with L2 to S1 fusion, failed back surgery syndrome, and right lumbar radiculopathy. Treatments and evaluations to date have included lumbar fusion surgeries, x-rays, epidural steroid injection (ESI), physical therapy, acupuncture, trigger point injections, and medication. Currently, the injured worker complains of chronic back pain with anxiety, depression, and sleeping difficulty. The Primary Treating Physician's report dated May 26, 2015, noted the injured worker reported his pain as constant, at its worse rated 10/10, at the least 6/10, and on average 8/10 on a pain scale on 0-10. The injured worker reported his pain at the time of the examination as 8/10, with pain improved by lying flat. The injured worker's current medication was listed as Suboxone. Physical examination was noted to show palpation of the lumbar facets revealed pain on both sides of at the L3-S1 region. Pain was noted on palpation of the lumbar intervertebral spaces, with pain noted on lumbar flexion and extension. Straight leg raise was noted to be positive on the left. The physician noted the injured worker should be maintained on Suboxone with many benefits, with the treatment plan noted to include back support for pain reduction and functional improvement, recommendation for caudal epidural injections once every two to three months, and Suboxone and Neurontin prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg-2mg #90 for 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Buprenorphine for chronic pain, Naloxone (Narcan).

Decision rationale: According to the CA MTUS, all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the ODG, Suboxone is available as a sublingual tablet or film formulation of Buprenorphine and Naloxone. Buprenorphine is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Suboxone is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain, and is recommended for treatment of opiate addiction, especially after detoxification in patients who have a history of opiate addiction. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Naloxone is an opioid antagonist. The documentation provided noted the injured worker with opioid dependence and aberrant drug-related behavior in 2007. The injured worker was noted to have been using Suboxone for long-term maintenance treatment, with the physician's belief he should be a candidate to continue for maintenance, with many benefits. The documentation provided did not include objective, measurable improvements in the injured worker's pain, function, and ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical care with use of the Suboxone. The documentation does not indicate any further aberrant behavior, or reasons to continue the Suboxone. Therefore, based on the guidelines, the documentation provided does not support the medical necessity of the request for Suboxone 8mg-2mg #90 for 30 days.