

<b>Case Number:</b>	CM15-0140752		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	03/27/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic hand, neck, and arm pain with derivative complaints of depression and headaches reportedly associated with an industrial injury of March 27, 2003. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for Suboxone. An RFA form received on June 17, 2015 was referenced in the determination, as was an associated progress note of June 5, 2015. The applicant's attorney subsequently appealed. On June 5, 2015, the applicant reported ongoing complaints of neck and bilateral arm pain. The applicant was using a cervical collar, it was reported. The applicant's pain complaints were as high as 8/10 at worst. The applicant stated that he had not had "much help" following introduction of Suboxone for pain control purposes. The applicant was on Relafen, Suboxone, Abilify, Colace, and Robaxin, it was reported. The applicant was asked to continue Suboxone and Relafen for pain relief, it was reported on the bottom of the report. The applicant was placed off of work, on total temporary disability. The applicant developed derivative complaints of depression associated with Suboxone usage, it was reported. On March 24, 2015, the applicant stated that his pain complaints were disabling and that he could not work. The attending provider referenced recent drug testing which was positive for methamphetamines. The applicant did not have a prescription for Adderall, it was reported. The attending provider stated that he could not continue to prescribe the applicant opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 4 mg-1 mg sublingual film 1 tablet tid count #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27-28.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; 6) When to Discontinue Opioids; 7) When to Continue Opioids Page(s): 26-27; 79; 80.

**Decision rationale:** No, the request for Suboxone (buprenorphine) is not medically necessary, medically appropriate, or indicated here. While page 27 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Suboxone is recommended in the treatment of opioid agonist dependence, here, however, the attending provider reported on June 5, 2015 that the applicant was employing Suboxone for pain control purposes. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Suboxone can be employed for chronic pain in applicants who have previously detoxified off of opioids who do have a history of opioid addiction, here, however, there was no such mention or history of opioid dependence or opioid addiction raised on the June 5, 2015 progress note at issue. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines recommends immediate discontinuation of opioids in applicants who are engaged in illicit substance abuse. Here, historical progress notes of March 24, 2015 suggested that the applicant was in fact using methamphetamines without a prescription for the same. Finally, the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was described as disabled and unable to work on March 24, 2015. The applicant reported that Suboxone had not generated much pain relief on June 5, 2015. All of the foregoing, taken together, strongly suggested that discontinuation of Suboxone represented a more appropriate option than continuing the same. Therefore, the request is not medically necessary.