

Case Number:	CM15-0145196		
Date Assigned:	08/06/2015	Date of Injury:	09/01/1998
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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 58-year-old male, who sustained an industrial injury on 09-01-1998. He has reported injury to the low back. The diagnoses have included chronic persistent axial lower back pain and bilateral lower extremity pain, status post eight previous operations with thoracolumbar fusion with persistent back and leg symptoms; failed back syndrome; and cervical radiculopathy. Treatment to date has included medications, diagnostics, electric wheelchair, epidural steroid injections, physical therapy, spinal cord stimulator trial, and surgical interventions. Medications have included Gabapentin, Suboxone, Lexapro, Seroquel, Trazodone, and Colace. A progress report from the treating physician, dated 07-02-2015, documented a follow-up visit with the injured worker. The injured worker reported increased pain; the pain is tolerable with Suboxone; he is paying out-of-pocket for the Suboxone; when he leaves the house, he has to utilize a manual wheelchair; he is unable to self-propel the manual wheelchair because of increased pain; he has increased burning pain running down the legs; pain is exacerbated by ambulation and lower body dressing; difficulty with toileting hygiene because of limited range of motion and exacerbation of pain; intermittent constipation; and he is trying to lose weight. Objective findings included alert and oriented; clear bilateral breath sounds; heart rate and rhythm were normal; abdomen is distended; bowel sounds are present; he has responded exceptionally well to Suboxone for pain management; and he is a lot clearer from a cognitive standpoint and his pain seems to be better controlled. The treatment plan has included the request for Suboxone 2-0.5mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2-0.5mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 (3) Buprenorphine, p26 Page(s): 76-80, 86, 26.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1998 and continues to be treated for radiating low back pain including a diagnosis of failed back surgery syndrome. When seen, he was having increased pain. Pain was tolerable with use of Suboxone. Physical examination findings included a BMI of over 36. Previous medications have included multiple opioids and the claimant underwent detoxification. Being requested is authorization for Suboxone. The total MED (morphine equivalent dose) is 160 mg per day. In terms of Suboxone (buprenorphine), the claimant has undergone an opioid detoxification. 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, Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. 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 and there are other more appropriate formulations of buprenorphine available. Ongoing prescribing was not medically necessary.