

Case Number:	CM15-0163650		
Date Assigned:	08/31/2015	Date of Injury:	11/18/2006
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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 54 year old female, who sustained an industrial injury on 11-18-2006. She reported neck pain from lifting-transferring a person. Diagnoses include cervicalgia, pain in thoracic spine, headache, and radiculitis. Treatments to date include activity modification, medication therapy, physical therapy, traction and injections. Currently, she complained of chronic neck and bilateral upper extremity pain in shoulders and hands. Pain was rated 8 out of 10 VAS on a bad day and 3 out of 10 VAS on a good day. Medications were noted to decreased pain and increase function. On 7-30-15, the physical examination documented cervical tenderness and decreased range of motion. The shoulders were noted to be tender with decreased range of motion. The plan of care included a request to authorize Suboxone MIS 8-2mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone MIS 8-2 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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): 26, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2006 and continues to be treated for neck and bilateral shoulder and hand pain. In February 2015 the assessment references the claimant as having taken high-dose pain medications in the past and had been detoxified and was taking Suboxone. When seen, she was having intermittent shocking pains. There was no pattern to hurt daily pain. Pain was radiating from 3/10 to 8/10. Gabapentin and Suboxone are being prescribed. Medications are referenced as enabling her to function and deal with pain better. Physical examination findings included decreased cervical spine range of motion with tenderness. There was decreased and painful left shoulder range of motion with weakness and decreased left shoulder sensation. Medications were continued. Suboxone was being prescribed at a total MED (morphine equivalent dose) of over 600 mg per day. Suboxone (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. However, guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day and there is no documentation that this medication is providing decreased pain through reported VAS scores or specific examples of how it is providing an increased level of function or improved quality of life. Ongoing prescribing at this dose was not medically necessary.