

Case Number:	CM15-0165316		
Date Assigned:	09/10/2015	Date of Injury:	12/05/2012
Decision Date:	10/21/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male who sustained an industrial injury on 12-5-12. The injured worker reported left groin and hip tenderness. A review of the medical records indicates that the injured worker is undergoing treatments for status post pelvic-hip compression injury, pain disorder associated with general medical factors and psychological factors. Medical records dated July of 2015 did not indicate a pain rating. Provider documentation dated July of 2015 noted the work status as temporary totally disabled. Treatment has included several surgical interventions, status post colostomy reversal, Psychiatric evaluation (3-12-15), Oxycontin, Gabapentin since at least March of 2015 and Suboxone since at least March of 2015. Objective findings dated July of 2015 were notable for soft tissue mass at the right anterior tibia, well healed exploratory laparotomy incisions noted, residual left groin and hip tenderness noted. The original utilization review (7-30-15) denied the request for Suboxone 4 milligrams quantity of 30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 4mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient was injured on 12/05/12 and presents with left groin pain and hip tenderness. The request is for Suboxone 4 MG #30 with 5 refills for pain. The RFA is dated 07/27/15 and the patient is on temporary total disability. He has been taking this medication as early as 02/27/15 and treatment reports are provided from 02/17/15 to 07/21/15. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Guidelines, Buprenorphine, pages 26-27 specifically recommends it for treatment of opioid addiction and also for chronic pain. The patient is diagnosed with status post pelvic-hip compression injury, pain disorder associated with general medical factors, and psychological factors. He had a urine drug screen on 03/31/15 and was consistent with Suboxone. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrates medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Suboxone is not medically necessary.