

Case Number:	CM15-0183846		
Date Assigned:	09/24/2015	Date of Injury:	05/12/1993
Decision Date:	10/29/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 67 year old male, who sustained an industrial injury on 05-12-1993. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for opioid dependence, chronic pain syndrome, and lumbar post laminectomy syndrome. Treatment and diagnostics to date has included lumbar spine surgery and medications. Current medications include Aleve, Amitriptyline, Atorvastatin, Gabapentin, Hydrocodone-Acetaminophen, Suboxone, and Testosterone. In a progress note dated 08-12-2015, the injured worker reported right sided low back pain. Objective findings included tenderness to palpation over the lumbar paraspinal muscles and trigger points noted over lower paraspinal. The treating physician noted "05-15 UDS (urine drug screen) as expected". The Utilization Review with a decision date of 08-26-2015 modified the request for Suboxone 8mg-2mg sublingual #60 with 2 refills to Suboxone 8mg-2mg sublingual #60 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg-2mg sublingual film #60 with two 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.

Decision rationale: According to the guidelines, Suboxone is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, the claimant was on Suboxone for several months along with Hydrocodone and previously Oxycontin. The claimant remains on opioids which does not indicate management of chronic pain after opioid cessation. As a result, continued use of Suboxone is not medically necessary.