

Case Number:	CM15-0192767		
Date Assigned:	10/06/2015	Date of Injury:	06/03/1992
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 injured worker is a 65 year old female, who sustained an industrial injury on 6-03-1992. The injured worker was being treated for neuralgia-neuritis, unspecified, nausea alone, medial epicondylitis of elbow joint, degeneration of lumbar or lumbosacral intervertebral disc, insomnia due to medical condition classified elsewhere, migraine without aura, without mention of intractable migraine without mention of status migrainosus, cervical spondylosis with myelopathy, migraine without aura, without mention of intractable migraine without mention of status migrainosus, occipital neuralgia, opioid type dependence, continuous, other acute postoperative pain, and traumatic spondylopathy. Treatment to date has included diagnostics, cervical spinal surgery in 2005, and medications. Currently (9-02-2015), the injured worker complains of chronic pain as a result of cervical spine injury, not rated. Physical exam of her neck noted "markedly diminished" range of motion and chronic pain. Neuro exam noted "stable," with "definite focal motor and sensory changes particularly in her lower extremities described in calf areas," and "severe neuropathic pain chronically." Psych exam was "stable" but she had some depression. Allergies included Vicodin, Opana, Lamictal, Vybiid, generic Subutex, and Mexilitene. Previously tried medications (per the progress report 6-09-2015) were noted as Ultram, Fentanyl, Amitriptyline, Neurontin, Soma, Valium, Dilaudid, Morphine, Opana, and Nucynta. Medications included Ambien CR, Carbamazepine ER, Fioricet with Codeine, Metoclopramide, Oxycodone, Suboxone 8mg-2mg film tab sublingual (one-half filmtab three times daily), Tizanidine, Voltaren gel, and Zomig. Discussion notes documented that her neck pain and headaches are caused by neck muscular strain and spasm, resulting in pain and

headaches. The treating physician documented that along with pain relief medications, alternative remedies may be helpful in alleviating her "worsening pain." Her work status was "disabled." Urine toxicology (4-15-2015) was documented "compliant and acceptable." The use of Suboxone was noted since at least 3-18-2015. The treatment plan included Suboxone 8mg-2mg #40 with 3 refills, modified on 9-15-2015 by Utilization Review to Suboxone 8mg-2mg #20 (for weaning).

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8 mg /2mg #40 ,Refills #3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, with the use of this medication as prescribed, the injured worker exceeds the daily recommended morphine equivalent by a significant margin. Additionally, there is a lack of objective pain relief and ongoing functional improvement with the prior use of this medication. Furthermore, this request for 3 refills does not imply close follow-up for efficacy, side effects, or aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Suboxone 8 mg /2mg #40, Refills #3 is determined to not be medically necessary.