

<b>Case Number:</b>	CM15-0194441		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/11/2006
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 53 year old transgender male to female who sustained an industrial injury on 11-11-06. A review of the medical records indicates she is undergoing treatment for opioid dependence, continuous, chronic intractable pain, chronic daily headache secondary to trauma, closed head injury with concussion, sequela, and transgender dysphoria. Medical records (7-22-15 to 8-21-15) indicate that she is "definitely more functional and better able to focus her life" on three times daily dosing of Suboxone. She reports "less headache" and "is able to put her life in perspective and this transgender process, works well with counselor". The physical exam (8-17-15) reveals that the injured worker "exhibits a depressed mood (mild)". The treating provider states "more conversant and with greater perspective on her transition". The 8-21-15 record indicates a UR decision to taper the Suboxone due to lack of demonstrating improved function. The treating provider indicates that there has been improvement in her daily life and function. The treating provider states "When she first came to me she was completely homebound, required her daughter to bring her to her appointments and maintain her household. She had no ability to concentrate. Thoughts of suicide consumed her". The injured worker stated her "life was a living hell of despair and anguish". The treating provider states that after starting Suboxone "she discovered life worth living again and is able to imagine a future for herself. She is able to have friends, see her family, engage in social media, have a hobby, and actually leave the house". She states that the injured worker "can make plans and actually see them through". The treating provider states "though her status fluctuates and she must live within boundaries of length of time of interaction, there is no doubt from a physical, emotional, and spiritual point of

view, Suboxone has improved her functionality". Diagnostic studies have included urine drug screening and routine laboratory studies. A request for a comprehensive panel was made. She has been receiving Suboxone, at least, since 1-9-13. The utilization review (8-31-15) includes requests for authorization of 1 prescription of Suboxone #90 and 1 comprehensive panel. The Suboxone was modified to a quantity of 58. The comprehensive panel was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Suboxone #90:** 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Buprenorphine for opioid dependence.

**Decision rationale:** The patient presents on 08/17/15 for medication management. The patient's date of injury is 11/11/06. The request is for Suboxone #90. The RFA is dated 08/21/15. Physical examination dated 08/17/15 is unremarkable. The patient is currently prescribed Suboxone. Patient's current work status is not provided. 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, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (>16 weeks), but also appears limited." MTUS, buprenorphine section, pages 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. ODG-TWC, Pain (Chronic) Chapter states: "Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence... Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain." "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally

mediated pain; (3) Patients with neurotic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." In regard to the continuation of Suboxone for the management of this patient's chronic headaches, the treater has not provided adequate documentation of efficacy to continue its use. Progress note date 08/17/15 has the following regarding medication efficacy: "Reports with the tid-dosing of her Suboxone she is definitely more function and better able to focus her life. Also with less headache is able to put her life in perspective & this transgender process - works well with counselor." [sic] The provider also refers to an attached pain questionnaire for pain assessment, though this was not provided for review. Utilization review appeal letter dated 08/21/15 also has the following: "She was able to have friends, see her family, engage in social medial, have a hobby and actually leave the house..." MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no indication that this patient is inconsistent with her medications, though the provider does not specifically document a lack of aberrant behaviors in the most recent progress, either. There is adequate documentation of functional improvements attributed to medications, though no measures of analgesia via a validated scale. More importantly, MTUS pg 80,81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. Without appropriate documentation of analgesia via a validated scale, a statement regarding aberrant behavior, or evidence that this patient is suffering from nociceptive pain, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.

**One (1) comprehensive panel:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The patient presents on 08/17/15 for medication management. The patient's date of injury is 11/11/06. The request is for one (1) comprehensive panel. The RFA is dated 08/21/15. Physical examination dated 08/17/15 is unremarkable. The patient is currently prescribed Suboxone. Patient's current work status is not provided. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. MTUS Guidelines, NSAIDs, specific drug list and adverse events, page 70 has the following: "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)... There has been a

recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." In regard to the comprehensive metabolic panel (CMP), the request is appropriate. CMPs can be useful in examining a patient's overall hepatic and renal function. While the progress note associated with this request does not specify a reason for the request, a utilization review appeal letter dated 08/21/15 provides some insight into the need for such diagnostics. Per this letter, the provider states: "The last six months have been challenging for her due to development of hypothyroidism and hyperparathyroidism. These have been managed medically and she has returned to her improved function." Given the discussion regarding this patient's metabolic condition(s) and medical history, regular monitoring of her metabolic function via comprehensive panels is an appropriate measure. Therefore, the request is medically necessary.