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| Case Number: | CM15-0202545 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 08/04/2014 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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: Texas, Florida, 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 37 year old male, who sustained an industrial injury on 8-4-14. The injured worker was diagnosed as having bilateral lumbar L5 radiculopathy, right S1 radiculopathy, axial low back pain; lumbar spondylosis; chronic pain syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-21-15 indicated the injured worker complains of pain in the right lower leg, numbness and tingling on the left side as well. He reports pain is worse on the left side at times and continue to bother him with sitting and standing in all positions. He reports that he has tried multiple medications including Gabapentin, NSAIDS therapy and physical therapy without any changes. He continues to be on Norco. He states Lyrica does decreased some of his neuropathic pain but again laying down also somewhat helps his pain, but the pain in his low back with the legs. Standing and sitting all exacerbate his pain. The provider notes "he describes his pain anywhere from 8-9 out of 10." The provider notes that they requested a Functional Restoration Program but this was sent to IMR for review. The provider documents "Since the last time I saw the patient, the patient has required more opioid medication for management of his chronic pain. The patient has no contraindications to opioid medication, but he has built a tolerance to the medications to the point where we are not able to get medications decreased without the patient having significant side effects." On physical examination, the provider documents "Decreased sensation to light touch in the right medial and lateral calves. EHL strength on the right side and left side is 4 out of 5. Lumbar extension causes significant amount of pain. Lumbar range of motion is limited in forward flexion and extension by 50%." The provider reviews a lumbar spine MRI done on 10-8-

14 and notes "L4-L5 and L5-S1 degenerative disc disease. There is a large central broad-based disc bulge at L5-S1 contacting the right S1 nerve root. There is neuroforaminal stenosis at L5-S1 and L4-L5." The provider's treatment plan is recommending two weeks of Suboxone induction program. He notes the patient's opioid medications are significant and unable to wean down the opioid medication on an outpatient trial basis. The injured worker is reportedly on greater than 80-100mg equivalents of morphine a day. A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 10-1-15 and non-certification for 2 weeks suboxone induction program. A request for authorization has been received for 2 weeks suboxone induction program.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 weeks suboxone induction program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Weaning, opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Suboxone.

Decision rationale: This claimant was injured in 2014 with bilateral lumbar L5 radiculopathy; right S1 radiculopathy, axial low back pain; lumbar spondylosis; chronic pain syndrome. Treatment to date has included physical therapy; and medications. There is still pain in the right lower leg, numbness and tingling on the left side as well. He reports that he has tried multiple medications including Gabapentin, NSAIDS therapy and physical therapy without any changes. He continues to be on Norco. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Subutex and Suboxone are medications approved for the treatment of opiate dependence. Both medicines contain the active ingredient, buprenorphine hydrochloride, which works to reduce the symptoms of opiate dependence. Suboxone contains an additional ingredient called naloxone to guard against misuse. Subutex is given during the first few days of treatment, while Suboxone is used during the maintenance phase of treatment. Currently opiate dependence treatments like methadone can be dispensed only in a limited number of clinics that specialize in addiction treatment. There are not enough addiction treatment centers to help all patients seeking treatment. Subutex and Suboxone are the first narcotic drugs available under the Drug Abuse Treatment Act (DATA) of 2000 for the treatment of opiate dependence that can be prescribed in a doctor's office. This change will provide more patients the opportunity to access treatment. In this case, however, I did not see documentation of actual opiate addiction or dependence, and what is driving the need for opiate withdrawal. The clinical necessity of the induction program is not clear. At present, the request is not certified. NOTE: While this request is non certified, it is important that narcotics never be abruptly withdrawn, but tapered over several weeks in accordance with evidence-based guides, therefore is not medically necessary.