

Case Number:	CM15-0206193		
Date Assigned:	10/23/2015	Date of Injury:	12/28/1996
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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 45 year old female who sustained an industrial injury on 12-28-1996. A review of the medical records indicates that the worker is undergoing treatment for chronic pain syndrome, primary fibromyalgia syndrome, and depressive disorder. Subjective complaints (9-29-15) include left sided low back pain, with radiation of pain to the lower extremity with aching and burning into the left leg, left lower extremity weakness, occasional tripping, numbness and tingling, low back stiffness and spasms, feeling depressed and anxious and interference with sleep. It is noted, the worker is dependent on others for cooking, housekeeping, shopping and needs moderate assistance from others with driving. Additionally, it is reported that she has been having a flare for the last week, with worse pain down her left leg with numbness in toes and notes she is averaging 2 flares per month lasting a few days to a week at a time. Objective findings (9-29-15) include a positive seated straight leg raise on the left at 75%, is able to raise up on toes and heels, and dorsiflexion on the left is 4 out of 5. Previous treatment includes Oxycontin, Gabapentin, Suboxone, Voltaren gel, and Wellbutrin SR 100 mg. Five out of six acupuncture sessions have been completed which the worker reports as having been very helpful in reducing pain and improving sleep. It is noted she has gone through a 5-day detox program and is now off Oxycontin 5 pills per day and was transitioned to Suboxone 2mg 4 times a day. The worker reports the experience was better than she anticipated but also reports constipation despite increasing fiber and drinking plenty of water. Six psychology sessions are noted as approved and to be scheduled. Suboxone and Docusate Sodium were ordered. The requested treatment of Suboxone sublingual film 2mg was denied on 10-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2mg-0.5mg sublingual film, take 1 up to 4 times daily as needed for pain, #120 films: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid Induced Constipation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Suboxone is Buprenorphine. According to the guidelines, Buprenorphine is recommended for treatment of opiate addiction. It is 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 weaned of Oxycontin due to addiction. The Suboxone was tolerated and provided good response. Continued use is medically necessary.