

Case Number:	CM15-0023407		
Date Assigned:	02/13/2015	Date of Injury:	08/06/2010
Decision Date:	03/26/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on August 6, 2010. The diagnoses have included status post anterior cervical discectomy and fusion of cervical 5-6, cervical disc degeneration with stenosis, bilateral cervical radiculopathy, status post insertion of pins in the cervical spine, and status post cervical fusion of cervical 4 to cervical 7 for pseudoarthrosis. Treatment to date has included two opioid analgesic medications, an anti-anxiety medication, and psychotherapy. On January 22, 2015, the treating physician noted pain of the neck, bilateral shoulders, bilateral upper extremities, low back, and right calf. The pain is rated 7-9/10 without current medications and 4-6/10 with current medications. The injured worker reported he wanted to stop his current opioid medications and initiate a partial opioid agonist. There was no physical exam recorded for this visit. The treatment plan included prescribing of a partial opioid agonist and an anti-anxiety medication. On February 9, 2015, the injured worker submitted an application for IMR for review of requests for 1 prescription for Suboxone 8mg/2mg sublingual film 3-2, #60 and 1 prescription for Lorazepam 1mg #120. The Suboxone was non-certified based on lack of clinical evidence that would indicate the need for this medication while weaning from opioids. The Lorazepam was modified based on the guidelines recommendation of no more than 4 weeks, and this patient had been on this medication since as early as 2013. The medication was modified for weaning purposes. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

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 3-2, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, p26 Page(s): 26.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for than chronic neck pain following a cervical fusion. Treatment has included opioid medication with only partial pain relief, and the claimant is trying to wean from opioids. In terms of Suboxone (buprenorphine), the claimant is undergoing an opioid detoxification in the setting of long term opioid use. Suboxone is also recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids as in this case. It was therefore medically necessary.

Lorazepam 1mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24 Page(s): 24.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for than chronic neck pain following a cervical fusion. Treatment has included opioid medication with only partial pain relief, and the claimant is trying to wean from opioids. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of Ativan (lorazepam) is not medically necessary.