

Case Number:	CM15-0028000		
Date Assigned:	02/20/2015	Date of Injury:	07/23/2002
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/13/2015

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: Utah, Arkansas

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 60 year old male, who sustained an industrial injury on 07/23/2002. The diagnoses have included low back pain, lumbosacral disc degeneration, and lumbosacral spondylosis without myelopathy. Noted treatments to date have included medications. Diagnostics to date have included urine drug screen on 09/03/2014 which was consistent with prescription list per progress note. In the same progress note dated 09/03/2014, the injured worker presented with complaints of low back pain. The treating physician reported the injured worker will continue to try and taper down on the suboxone. Utilization Review determination on 02/10/2015 modified the request for Suboxone 2mg/0.5mg SL (sublingual) tablet #120 x 2 refills to allow 1 time fill for weaning purposes citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2 mg/0.5 mg SL, 120 count with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. Documentation of analgesia is stated. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is stated in the records. According to the clinical documentation provided and current MTUS guidelines; Suboxone is indicated a medical necessity to the patient at this time.