

Case Number:	CM15-0029757		
Date Assigned:	02/23/2015	Date of Injury:	06/03/2008
Decision Date:	05/12/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old male who sustained an industrial injury on June 3, 2008. He has reported lumbar radicular pain and has been diagnosed with degeneration of lumbar intervertebral disc, back problem, lumbar post laminectomy syndrome, and displacement of lumbar intervertebral disc without myelopathy. Treatment included physical therapy, a home exercise program, epidural steroid injection, surgery, and medications. Currently the injured worker reports pain in the lower back and gluteal area that radiates to the left ankle, left calf, right calf, left foot, right foot, and bilateral thighs. The treatment request included suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8-2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids, criteria for use and weaning of medications Page(s): 26-27, 78-80, 124.

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

Decision rationale: According to MTUS guidelines, Suboxone is recommended to treat opiate addiction. There is no evidence or documentation of continuous opioids use. Furthermore, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. Therefore, the prescription of Suboxone 8-2mg #90 is not medically necessary.