

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0219436 | | |
| Date Assigned: | 11/12/2015 | Date of Injury: | 04/20/2001 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 11/05/2015 |
| Priority: | Standard | Application Received: | 11/09/2015 |

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: 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 49 year old male with a date of injury on 04-20-2001. The injured worker is undergoing treatment for left shoulder impingement, transitional S1-S2, status post anterior-posterior fusion L4-5 and L5-S1, and status post removal of hardware and exploration of fusion on 05-06-2004. A physician note dated 09-11-2015 documents OxyContin was denied. Therefore he will be switched to Exalgo ER with instruction to use every 12 hours in order to prevent the injured worker from going into acute withdrawals. A physician progress note dated 10-13-2015 documents the injured worker is having ongoing difficulty with pain in his left shoulder, mid back, low back and bilateral lower extremities. He has pain, spasms, numbness, and tingling. He has been without his medications for a month. He does not sleep and has returned to using a walker. His medications reduce his pain level to 6 out of 10 and now without his meds his pain is 10 out of 10. Range of motion is limited and he has a dyskinetic recovery from a forward flexed posture. There is diffuse tenderness of the lumbosacral junction and he has difficulty changing positions. He has diminished reflexes in both legs. He has a positive straight leg raise on the left. He has increased low back pain with straight leg raise on the right. He has been out of his medications for a month and we will have him begin Suboxone as it helps to control pain and reduce withdrawal side effects. He has used this medication in the past, however appropriate use was reviewed with him, and a prescription was provided. Treatment to date has included diagnostic studies, medications, and status post-surgery. A urine drug screen done on 05-11-2015 was consistent with his medications. Current medications as of 10-21-2015 included Provigil, Cymbalta, Ativan, and Restoril. The Request for Authorization dated 10-13-

2015 includes Suboxone 8mg-2mg SI Film 8-2 #90. On 11-05-2015 Utilization Review modified the request for Suboxone 8mg-2mg SI Film 8-2 #90 to Suboxone 8mg-2mg SI Film 8-2 #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg-2mg SI Film 8-2 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing.

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and hormonal imbalance in men. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, the recommended ceiling of morphine equivalent dosage is 120 and the medical records note that the injured worker has been maintained on high opiate levels for an extended period of time. Per the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The medical records note that Utilization Review has allowed modification for weaning purposes. The request for Suboxone 8mg-2mg SI Film 8-2 #90 is not medically necessary and appropriate.