

Case Number:	CM15-0222830		
Date Assigned:	11/18/2015	Date of Injury:	04/21/2014
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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: Anesthesiology, 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 33 year old male, who sustained an industrial-work injury on 4-21-14. A review of the medical records indicates that the injured worker is undergoing treatment for axial low back pain, lumbar spondylosis, opioid tolerance and chronic pain syndrome. Treatment to date has included pain medication, Naproxen, Norco, Gabapentin, surgery, diagnostics, chiropractic 6 sessions, and other modalities. Medical records dated 10-7-15 indicate that the injured worker complains of ongoing low back pain that has decreased his activities of daily living (ADL) by 70 percent. The physician indicates that he is interested in return to work but unable to do so. The pain is rated 8-9 out of 10 on the pain scale. He is having difficulty with movements and management of pain with current medication. Per the treating physician report dated 10-7-15 the injured worker has not returned to work. The physical exam reveals that the injured worker is unable to tie his shoes or balance weight on one leg or the other. The lumbar range of motion is limited, lumbar facet loading maneuvers are positive, he is unable to bend forward, squat, or kneel secondary to pain. The physician indicates that he is requesting Suboxone induction for 10 days as the injured worker is consistently on opioid medication greater than 90 mg equivalents of Morphine a day. He has tried to wean down on outpatient basis but has failed. The physician indicates that the goal of the Suboxone program is to transition the injured worker from Norco to Suboxone and then wean the Suboxone off completely. The requested services included Suboxone Induction x 10 days. The original Utilization review dated 10-15-15 non-certified the request for Suboxone Induction x 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone Induction x 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification. Decision based on Non-MTUS Citation ODG Online Treatment Guidelines.

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

Decision rationale: Treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone): Recommended. When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids (e.g., methadone) have shown poor outcomes. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected. (McNicholas, 2004) (Helm, 2008) According to the documents available for review, the injured worker does not currently require opioid dependence detoxification. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.