

Case Number:	CM15-0042047		
Date Assigned:	03/12/2015	Date of Injury:	03/08/1999
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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 39 year old male, who sustained an industrial injury on March 8, 1999. The injured worker reported hernia pain. The injured worker was diagnosed as having low back pain, status post repair, depression and resolved opioid addiction. Treatment to date has included hernia repair, functional restoration program and medication. A progress note dated December 10, 2014 the injured worker reports sleeping weight hours a day and that he is able to perform activities of daily living (ADL). He complains of low back and inguinal pain that he reports is reduced by 50%. Physical exam notes stable gait and transitions easily from sitting to standing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Suboxone 2mg 1 tables: Overturned

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 Buprenorphine, p26 Page(s): 26.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain after a hernia repair. He has a history of opioid addiction which was successfully treated. In terms of Suboxone (buprenorphine), the claimant has undergone an opioid detoxification. Buprenorphine is 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.