

<b>Case Number:</b>	CM15-0049806		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Arizona, 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, who sustained an industrial injury on 03/03/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic pain syndrome, lumbar region post laminectomy syndrome, depressive disorder, and opioid dependence. Treatment to date has included status post laminectomy, exercise program, and medication regimen. In a progress note dated 02/10/2015 the treating provider reports complaints of dizziness, frequent severe headaches and migraines, and pain of the left side of the back. The treating physician also noted symptoms of night sweats, fatigue, muscle aches to the left leg, muscle weakness, depression, anxiety, and sleep disturbance. The treating physician requested the medication of Suboxone 8mg-2mg Sublingual film to take ½ to 1 tablet every 4 hours as needed with a quantity of 75 with 2 refills with the treating physician noting that the injured worker has been well managed on this medication and it should be continued as an ongoing treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 8mg-2mg Sublingual film, take 1/2-1 tablet every 4 hours as needed, #75, refill: 2 (prescribed 02/10/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buorenorphine Page(s): 27.

**Decision rationale:** According to the guidelines, Buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). Suboxone contains Buprenorphine. In this case, there was mention of opioid dependence and to use Subxone for maintenance of pain medication addiction. Based on the documentation and the claimant's history, the Suboxone is appropriate and medically necessary.