

Case Number:	CM15-0084023		
Date Assigned:	05/06/2015	Date of Injury:	07/24/2010
Decision Date:	06/08/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: 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 52 year old female, who sustained an industrial injury on 7/24/10. The injured worker has complaints of depression that is manifested by social isolation, inability to exercise in manner that would reduce pain level, increased sleep pattern and continue dependence on Xanax. The injured worker has left hip pain, bilateral knee and leg pain. The diagnoses have included somatoform pain disorder and psychophysiological disorder. Treatment to date has included suboxone; xanax; nortriptyline; naprosyn; pain psychiatry for medication management and physical therapy. The request was for suboxone 8/2 mg sublingual film, unwrap 0.5 to 1 strip and place under the tongue, up to 3 times daily, quantity 75, with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8/2 mg Sublingual Film, unwrap 0.5 to 1 strip and place under the tongue, up to 3 times daily, Qty 75, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Suboxone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no current indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Suboxone is not medically necessary.