

Case Number:	CM15-0086466		
Date Assigned:	05/08/2015	Date of Injury:	01/15/1999
Decision Date:	06/12/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old female injured worker suffered an industrial injury on 1/15/1999. The diagnoses included lumbar disc degeneration, chronic pain and long term opioids use for chronic pain. The injured worker had been treated with medications. On 3/31/2015, the treating provider reported low back pain with muscle spasms and leg/foot pain. The edema had subsided but the pounding pain in the feet remains although it was far better than it was without Suboxone treatment. The pain was rated at worst 8/10, least 5/10 and the average was 7/10. The treatment plan included Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine - opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Page(s): 74-94.

Decision rationale: Suboxone is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The long-term use of narcotics and now Suboxone results in some pain relief; however, the patient has reported very little functional improvement over the course of six months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Suboxone 8mg #90 with 2 refills is not medically necessary.