

<b>Case Number:</b>	CM15-0088636		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/14/1998
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 65 year old female who sustained a work related injury December 14, 1998. Past history included s/p repeat L3-S1 facet branch radiofrequency rhizotomy April, 2013 and GERD (gastroesophageal reflux disease). According to a pain management physician's progress report, dated March 24, 2015, the injured worker presented for routine follow-up and medication refill. She reports her chronic low back pain is controlled with her current medication regimen. About three weeks ago, a 67 pound dog knocked her over, by slamming into her left knee. This resulted in severe swelling and pain, requiring ice, elevation, and additional pain medication. There is swelling on the infrapatellar area with mild ecchymosis, as well as at the base of her calf. Diagnoses are documented as; degeneration of lumbar or lumbosacral intervertebral disc; other symptoms referable to the back; myalgia and myositis, unspecified; chronic pain syndrome. Treatment plan recommends conservative treatment measures; heat/ ice, rest, and gentle stretching and exercise and at issue, a request for authorization for Suboxone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Opioids dosing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Suboxone.

**Decision rationale:** ODG states that Suboxone is recommended as an option for treatment of chronic pain in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In this case, the claimant is maintained on Opana ER and Norco. There is no specific indication for the addition of Suboxone to the claimant's present medical regimen. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.