

Case Number:	CM15-0089164		
Date Assigned:	07/16/2015	Date of Injury:	07/25/2006
Decision Date:	08/13/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	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: 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 43 year old male, who sustained an industrial injury on 7/26/2006, resulting in internal derangement of the left shoulder. The injured worker was diagnosed as having cervical radiculitis, lumbar radiculitis, wrist pain, chronic constipation, chronic pain, other, status post ORIF left wrist, psychiatric disorder, and head injury with residuals, including worsening psych. Treatment to date has included diagnostics, open reduction and internal fixation (ORIF) of left humeral fracture, ORIF left wrist with subsequent failure, left wrist fusion, and medications. On 3/13/2015, the injured worker complains of neck pain with radiation down both upper extremities and low back pain with radiation down both lower extremities. Pain was rated 5/10 with medication use and 10/10 without. He also reported severe constipation controlled with stool softener. He reported ongoing activities of daily living limitations due to pain in self care and hygiene, activity, ambulation, hand function, sleep, and sex. He reported current medication regimen as helpful, with 60% improvement noted with this therapy. Areas of functional improvement as a result of this therapy included climbing stairs, driving, sitting, sleeping, standing in line, and walking in neighborhood. The use of Suboxone was noted since at least 9/2014 to control pain and prevent return to opioids. He was also taking Clozapine. His mother provided necessary custodial care including assistance with food, shelter, medication administration, and managing bills and finances. It was documented that this would be an indefinite and lifelong need and his mother was best suited in providing this assistance. The treatment plan included continued medications. No significant changes in pain levels were noted for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8/2mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: Regarding the request for Suboxone, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Within the documentation available for review, it is clear the buprenorphine is being utilized to treat chronic pain. There is documentation of functional efficacy in terms of ADLs, pain reduction, and urine drug testing. The patient has had decreases in pain score from 10/10 to 5-6/10 based upon progress note from January and March 2015. Urine drug tests were obtained in November 2014 and March 2015. It should be noted that the patient had a noroxymorphone detected on the March 2015, but the provider did not address this issue. Furthermore, although there are subjective descriptions of functional improvement, there is no objective evidence of this such as work restriction reduction or improvement on validated measures such as the ODI. As such, the current request is not medically necessary.