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| Case Number: | CM14-0126228 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 04/26/2001 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 08/08/2014 |

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year-old male. The patient's date of injury is 4/26/2001. The mechanism of injury was described as a transformer being dropped onto his head, resulting in a loss of consciousness. The patient has been diagnosed with opioid-induced hyperalgesia, opioid tolerance, cervical stenosis, status post 4 surgeries for neck, atrophy of the scapula, myofascial syndrome, cervicgia, anxiety, depression and facet pain. The patient's treatments have included surgical intervention, cognitive behavioral therapy, and medications. The physical exam findings, dated 12-18-2013 show a Hoffman's sign as negative. There is atrophy noted in the hand intrinsic muscles, supraspinatus muscle, infraspinatus, anterior pectoralis, deltoid and levator scapular muscles. The cervical range of motion is limited. The patient's medications have included, but are not limited to, Norco, Oxycontin, Diazepam, Senna, Aspirin, Actos, Lipitor, Levothyroxine, Verapamil, and Benazepril. The request is for Suboxone. It is unclear when this patient was started on Suboxone, and what the specific outcomes of taking this medication were.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 100 Sublingual Films per month at 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The clinical records lack documentation that discusses outcomes and functional benefit of being on this medication previously. According to the clinical documentation provided and the MTUS Chronic Pain Guidelines; Suboxone is not indicated as a medical necessity to the patient at this time.