

<b>Case Number:</b>	CM14-0128732		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 47 year old male who sustained an industrial injury on 01/14/2003. The specific mechanism of injury was not provided for review. His diagnoses include chronic low back pain due to lumbar degenerative disc disease, lumbar facet pain, cervicalgia, post-traumatic stress disorder, and panic attacks. He complains of ongoing back, neck, right hip, right leg, right arm and left shoulder pain. On exam there is decreased cervical and lumbar range of motion and myofascial tenderness over the cervical and lumbar paravertebral muscles. There is decreased range of motion with pain at the shoulders and both hips. Motor and sensory exams are normal. Treatment has included medical therapy with opioid analgesics, topical compounds, muscle relaxants, and anxiolytics. The treating provider has requested Buprenorphine 8mg #90 x 6 months and Suboxone induction in office.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUPRENORPHINE 8MG #90 X 6 MONTHS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter X

Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013:  
Buprenorphine

**Decision rationale:** Buprenorphine is an opioid partial agonist. Buprenorphine is an opioid, and thus can produce typical opioid agonist effects and side effects such as euphoria and respiratory depression; its maximal effects are less than those of full agonists like heroin and methadone. At low doses Buprenorphine produces sufficient agonist effect to enable opioid-addicted individuals to discontinue the misuse of opioids without experiencing withdrawal symptoms. The agonist effects of Buprenorphine increase linearly with increasing doses of the drug until at moderate doses they reach a plateau and no longer continue to increase with further increases in dose--the "ceiling effect." Thus, Buprenorphine carries a lower risk of abuse, addiction, and side effects compared to full opioid agonists. In fact, in high doses and under certain circumstances, Buprenorphine can actually block the effects of full opioid agonists and can precipitate withdrawal symptoms if administered to an opioid-addicted individual while a full agonist is in the bloodstream. The claimant is opioid dependent and should be weaned down and off opioids. Per his treating provider there are no addiction issues only tolerance to opioids. There is no demonstrated medical necessity for the initial use of the initial in-house induction and then medical therapy with Buprenorphine for six months since the patient is reported to require long term opioids. The medication is indicated for the treatment of opiate addiction. In this case the employer has accepted the responsibility of providing a 28 day treatment program for opioid withdrawal therapy. Per the reviewed literature this is indicated as the documentation indicates the claimant has tried and failed previous weaning attempts and continues to be prescribed opiate therapy. Buprenorphine is not indicated for weaning purposes. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**SUBOXONE INDUCTION-IN OFFICE:** Upheld

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

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

**Decision rationale:** The requested Suboxone therapy is not considered medically necessary and reasonable. The claimant has been authorized to enroll in a 28 day in patient drug program for opioid withdrawal. Medical necessity for the requested item has not been established. The requested item is not medically necessary.