

<b>Case Number:</b>	CM14-0128816		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/26/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/11/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 56 year-old patient sustained an injury on 7/26/04 while employed by [REDACTED]. Request(s) under consideration include Suboxone 2mg -0.5mg #150. Diagnoses include Lumbar Radiculopathy/ Lumbar spine spondylosis. Report of 3/14/14 from the provider noted patient seen for medication refills. There is reported continued lumbar pain radiating into left leg rated at 4-5/10 with and 9/10 without mediations. Exam showed lumbar spine with limited range of flex/ex/lateral flexion/ rotation of 30/15/20/20/25 degrees respectively; positive SLR at 45 degrees; DTRs 2+ knees, 1+ ankles bilaterally; 5/5 motor strength throughout bilateral legs; TTP over paraspinals. Medications list Suboxone SL, Nuvigil, Alprazolam, and Lyrica. The patient was to continue opioid regimen and remained P&S and not working. There was a checked box for taper off opioid; however, no change evident. Reports of 4/13/14 7/15/14 from the provider noted the patient with ongoing unchanged chronic back symptoms. The patient continues to treat for continued pain complaints with unchanged diagnoses and treatment plan to continue Suboxone same dosing without functional progress. The request(s) for Suboxone 2mg -0.5mg #150 was modified for #120 for weaning purposed on 7/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 2mg -0.5mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Therapeutic Trial of Opioids; Steps to Take Before a Ther.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL; Opioids, On-Going Management Page(s): 74-96 26-27:.

**Decision rationale:** This 56 year-old patient sustained an injury on 7/26/04 while employed by [REDACTED]. Request(s) under consideration include Suboxone 2mg -0.5mg #150. Diagnoses include Lumbar Radiculopathy/ Lumbar spine spondylosis. Report of 3/14/14 from the provider noted patient seen for medication refills. There is reported continued lumbar pain radiating into left leg rated at 4-5/10 with and 9/10 without medications. Exam showed lumbar spine with limited range of flex/ex/lateral flexion/ rotation of 30/15/20/20/25 degrees respectively; positive SLR at 45 degrees; DTRs 2+ knees, 1+ ankles bilaterally; 5/5 motor strength throughout bilateral legs; TTP over paraspinals. Medications list Suboxone SL, Nuvigil, Alprazolam, and Lyrica. The patient was to continue opioid regimen and remained P&S and not working. There was a checked box for taper off opioid; however, no change evident. Reports of 4/13/14 7/15/14 from the provider noted the patient with ongoing unchanged chronic back symptoms. The patient continues to treat for continued pain complaints with unchanged diagnoses and treatment plan to continue Suboxone same dosing without functional progress. The request(s) for Suboxone 2mg -0.5mg #150 was modified for #120 for weaning purposed on 7/11/14. Per MTUS Chronic Pain, Buprenorphine HCL/ Naloxone HCL is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Review of available reports has no indication rationale or documented opioid addiction/dependency. Suboxone has one of the most high profile side effects of a scheduled III medication such as CNS & Respiratory depression, dependency, hepatitis/hepatic event with recommended abstinence from illicit use of ETOH and benzodiazepine of which the patient is prescribed Alprazolam. There is no mention the patient was intolerable to other medication like Neurontin or other opioids use. The risk of serious side effects (such as slow/shallow breathing, severe drowsiness/dizziness) may be increased if this medication is used with other products that may also affect breathing or cause drowsiness along with prescribed psychiatric medicines. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self- independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the medication nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this injury of 2004. The Suboxone 2mg -0.5mg #150 is not medically necessary and appropriate.