

Case Number:	CM14-0135086		
Date Assigned:	08/29/2014	Date of Injury:	03/02/2004
Decision Date:	09/29/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 45 year old female with an injury date on 3/02/04. Based on the 7/17/14 progress report provided by [REDACTED], this patient woke up the day before with "severe pain in her tailbone," though better today. Patient also states that she was diagnosed with left plantar fasciitis two days prior, and had been "doing very well on the Prednisone." This patient's pain score is "7/10 right now and averaged 6/10 over the preceding week, without pain medications patient's pain score is 5/10 (0 being no pain, 10 being the worst pain imaginable)." This patient also had a urine drug screen on 6/19/14, which tested positive for Bupenorphone and Hydroxybupropion. With the exception of the unexplained flare up (already resolving), this patient is doing "very well on her current medical regimen." Patient's current medications include: Prednisone 10mg, one every other day, for inflammation and pain; Percura, two capsules twice a day for dysesthesia and paresthesias; Trepadone, two twice a day for inflammation, pain; Feverfew and Wellbutrin. The diagnoses for this patient are: 1. Chronic Pain Syndrome 2. Lumbar Radiculopathy 3. Prescription Narcotic Dependence 4. Myofascial Syndrome 5. Status Post Left Tibial Fibular Fracture and ORIF 6. Obesity 7. Chronic Pain Related Depression 8. Chronic Pain Related Anxiety 9. Chronic Pain Related Insomnia The utilization review being challenged is dated 8/04/14. The request is for 1 prescription of Subutex 8mg, #30, which was modified to a certification of 1 prescription of Subutex 8mg, #14 on 8/02/14. Work status according to the 7/17/14 progress report is: "Future Medical Care." [REDACTED] is the requesting provider and he provided progress reports from 2/28/14 to 7/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Subutex 8mg #30: Overturned

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

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

Decision rationale: The 6/19/14 progress notes this patient had tapered down Prednisone to 10mg, every other day and the treatment plan was to "continue Subutex 8 mg one sublingual per day (The patient is to taper this down with the intent of discontinuing it in the next 30-45 days)," and to "discontinue Suboxone," the patient prefers Subutex because the film is irritating to the patient's mouth. There is authorization and certification for both Bupenorphine Troches 4mg, #60 and Suboxone 8mg, #30 on 10/14/13. MTUS guidelines recommend Subutex as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. This patient has a diagnosis of opiate addiction and is being prescribed Subutex which is medically reasonable. There is also a plan to taper this medication off in a month or two. As such, the request is medically necessary.