

Case Number:	CM14-0135881		
Date Assigned:	09/03/2014	Date of Injury:	11/13/2007
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/22/2014

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 Texas. 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 injured worker is a 57 year old male who sustained an injury on 11/13/07 when he slipped and fell resulting in low back injury. Prior treatment included medial branch blocks from L3 through S1 in 06/12. The injured worker also completed multiple epidural steroid injections and extensive amount of physical therapy and chiropractic manipulation treatments all of which failed to return the injured worker to work. The injured worker had an extensive history of narcotics use which recently increased due to increased pain. The injured worker reported limited activities of daily living due to pain. As of 07/16/14 the injured worker was utilizing tramadol at 50mg five tablets a day and Naprosyn and gabapentin. Physical examination noted positive lumbar facet loading maneuvers and positive Gaenslen's sign bilaterally left side worse than right. The injured worker was recommended for functional restoration program in concert with Suboxone induction program. There was a follow up on 08/22/14 which again indicated the injured worker was recommended for functional restoration program due to limited functional capabilities. The requested Suboxone induction program two times a week of a total of 50 hours was denied by utilization review on 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone Induction x 2 weeks; 50 total hours: Upheld

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

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

Decision rationale: The injured worker was recommended and approved for a functional restoration program however without indications that the injured worker made any progress with medication weaning during the functional restoration program Suboxone induction program would not be indicated. Furthermore the only current medication prescribed to the injured worker that would be considered an opioid was tramadol 50mg five times five tablets a day. There was no indication from the clinical records that the injured worker has failed to wean off of this medication which is not a scheduled analgesic. As such, Suboxone Induction x 2 weeks; 50 total hours is not medically necessary.