

<b>Case Number:</b>	CM14-0160143		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female with a reported date of injury on 03/04/2005. The mechanism of injury was noted to be a motor vehicle accident. Her diagnoses were noted to include acute pain and chronic low back pain. Her previous treatments were noted to include Chiropractic Treatment, Physical Therapy, Epidural Steroid Injections, and Medications. The progress note dated 06/26/2014 revealed complaints of low back, leg, and neck pain. The pain was rated 5/10 and the injured worker indicated the back brace provided relief and the left epidural steroid injection provided left sided relief. The physical examination of shoulder revealed decreased range of motion. The physical examination of the cervical/lumbar spine revealed a decreased range of motion. The sensory examination was diminished to the left hand C5-C8 in all digits and the left median forearm at C7. The Request for Authorization form dated 06/26/2014 was for Suboxone 8/2 mg #60. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Suboxone 8/2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Buprenorphine; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
BUPRENORPHINE Page(s): 26.

**Decision rationale:** The request for 1 prescription for Suboxone 8/2 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opiate addiction. The guidelines also recommend buprenorphine as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The guidelines state Suboxone consists of buprenorphine hydrochloride and naloxone hydrochloride, and is indicated as a treatment of opiate agonist dependence. There is a lack of documentation regarding an opiate dependence to warrant an opiate antagonist. There is a lack of documentation regarding the efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.