

Case Number:	CM14-0162940		
Date Assigned:	10/08/2014	Date of Injury:	11/04/2009
Decision Date:	12/15/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 53 year old male with a date of injury on 11/4/2009. Diagnoses include abdominal pain, joint pain of the pelvis, and inguinal hernia. Subjective complaints are of persistent pain in the groin rated as 4/10. Physical exam indicated that there was no significant change from previous. Medications include Suboxone, Ultracet, Ambien, and Lexapro. Submitted documents indicate that Suboxone and Ultracet bring pain to 5/10 from 8/10 and helps with cravings and withdrawal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone #90 Refills: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be

needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including recent urine drug screens, risk assessment, and attempts at weaning. Furthermore, the request as written is for 5 refills, which would not meet guideline recommendations for frequent monitoring and reassessment for patients on opioids. Therefore, the medical necessity of Suboxone is not established at this time.