

Case Number:	CM14-0110264		
Date Assigned:	08/29/2014	Date of Injury:	05/21/2001
Decision Date:	06/25/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 5/21/01. The injured worker was diagnosed as having multilevel lumbar disc disease, epidural lipomatosis, moderate central and moderate to severe foraminal stenosis L2-3, L34 and L4-5, lumbar facet syndrome, chronic pain syndrome, chronic opiates, generalized anxiety disorder, lower extremity peripheral neuropathy, status post right total knee arthroplasty and possible sleep apnea. Treatment to date has included oral medications including opioids, TENS unit, physical therapy and home exercise program. Currently, the injured worker complains of low back pain with radiation to right lower extremity rated 9/10. Physical exam noted slow gait, decreased sensation in bilateral L5 distribution and he appears depressed. The treatment plan included awaiting authorization for medical appointment to begin Suboxone, follow up with spine surgeon, continuation of weight loss program, home exercise program, continuation of oral medications, continuation of TENS unit and authorization for compound creams. A request for authorization was submitted for Suboxone induction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone Induction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Pain procedure summary last updated 4/10/14.

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

Decision rationale: According to the guidelines, Buprenorphine is indicated for opiate addiction or for chronic pain in those with a history of addiction. In this case, the claimant had been on opioids with inconsistent urine testing. The physician planned on weaning opioids and using Suboxone. Based on the inconsistency of opiate use, there is a risk of inconsistent Suboxone use and there is no agreement provided or weaning protocol. As a result, the Suboxone is not medically necessary.