

Case Number:	CM14-0169282		
Date Assigned:	10/17/2014	Date of Injury:	03/17/2008
Decision Date:	05/01/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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: Texas, 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 52-year-old female, who sustained an industrial injury on March 17, 2008. She reported falling down while running up a flight of stairs. The injured worker was diagnosed as having cervical radiculopathy, headaches, anxiety, depression, complex regional pain syndrome left upper extremity, and chronic pain. Treatment to date has included left shoulder surgery in 2011, home exercise program (HEP), nerve conduction study (NCS), spinal cord stimulator, cervical spine and left shoulder MRIs, and medication. Currently, the injured worker complains of neck pain that radiate down the left upper extremity, low back pain that radiates down the left lower extremity, upper extremity pain in the left shoulder, forearm, and wrist, ongoing headaches, and all joints and knees ache. The Treating Physician's report dated September 15, 2014, noted the injured worker's pain unchanged since previous visit, rated a 7.5/10 with medications, and a 9.5/10 without medications. Cervical examination was noted to show spinal vertebral tenderness in C4-C7, with tenderness to palpation at the left trapezius muscle and left paravertebral C4-C7 areas, and range of motion (ROM) limited due to pain. The injured worker was also noted to have tenderness over the scapular region, positive allodynia over the left cervical side, left forearm, and hand, decreased range of motion (ROM) in the left shoulder, elbow, and wrist, and mild swelling in the bilateral feet and ankles. The treatment plan included a request for psychiatrist evaluation for anxiety and depression, continue home exercise program (HEP), a comprehensive metabolic panel (CMP) was ordered, consider cervical epidural steroid injection (ESI), renewal of current medications including Flexeril and Vitamin D, and prescribed medications that included Clonidine and Suboxone. The medication list

includes Clonidine, Suboxone, Lyrica, Vicodin, Norco, Fioricet and Flexeril. The patient has had urine drug screen test on 2/17/14 that was negative for opioid. The patient has had a urine drug screen test on 9/29/14 and details of this lab report were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8 MG- 2 MG SI Film 8-2 #30: 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, criteria for use: page 76-80, Criteria for use of Opioids, Therapeutic Trial of Opioids.

Decision rationale: Suboxone 8 MG- 2 MG SI Film 8-2 #30 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. The patient has had urine drug screen test on 2/17/14 that was negative for opioid. The patient has had urine drug screen test on 9/29/14 and a detail of this lab report was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Suboxone 8 MG- 2 MG SI Film 8-2 #30 is not medically necessary for this patient.