

Case Number:	CM15-0011418		
Date Assigned:	01/29/2015	Date of Injury:	02/22/2002
Decision Date:	03/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on February 22, 2002. He has reported neck pain. The diagnoses have included cervical disc degeneration. Treatment to date has included medications, radiological imaging, and laboratory evaluations. Currently, the IW complains of continued neck pain with episodic radiation down both arms. Current report of symptoms is unchanged from previous evaluation. No new diagnostic testing is noted. He is reported to be in stable condition with the current medical regimen. Current medications are listed as Subutex, Cymbalta, Lyrica, and Ambien. On December 18, 2014, Utilization Review non-certified Subutex 8 mg, #60 with 5 refills, based on Chronic Pain Medical Treatment guidelines. On January 21, 2015, the injured worker submitted an application for IMR for review of one prescription of Subutex 8 mg, #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Subtex 8mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Suboxone Page(s): 76-78, 88-89, 26.

Decision rationale: This patient presents with neck pain, radiating down bilateral arms. The treater has asked for 1 Prescription Of Subutex 8MG #60 With 5 Refills on 12/2/14. Patient has been taking Subutex since 9/17/13 report. MTUS page 26 states, " Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Subutex, stating "he is very satisfied with this regimen. He is doing well on it," per 12/2/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been not been asked for and no other aberrant behavior monitoring is provided such as CURES report. Furthermore, there is no evidence of that the patient is being treated for opiate addiction. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.