

Case Number:	CM15-0015739		
Date Assigned:	02/03/2015	Date of Injury:	11/23/1982
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 65 year old female who sustained an industrial injury on 11/23/82. The injured worker reported symptoms in the back. The diagnoses included chronic low back pain, chronic major depressive disorder and opioid dependence. Treatments to date include oral pain medications, duragesic patches, and antidepressants. In a progress note dated 12/9/14 the treating provider reports the injured worker was with an average pain rated at "7/10" and noted that "The medication reduces her pain so she is more tolerant of instrumental self-care tasks...". On 1/12/15 Utilization Review non-certified the request for Suboxone 8/2 milligrams #30 with 2 refills. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8/2mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine Page(s): pages 74-95, 26-27..

Decision rationale: Suboxone contains two medications, buprenorphine and naloxone. Buprenorphine is a unique opioid (a partial agonist at the mu receptor) used for pain control that also acts as an antagonist at the kappa receptor. Naloxone is an opioid antagonist, an anti-opioid. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include such elements as the current pain intensity and the pain intensity after taking the opioid medication, among others. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that sometimes went into the leg. The worker also reportedly suffers from a distant history of opioid addiction that has been well-controlled. These records detailed that the worker had significantly decreased pain intensity and improved function with the use of this specific medication. While the pain assessments did not include all of the elements recommended by the Guidelines, the majority were documented. In light of this supportive evidence, the current request for thirty doses of Suboxone (buprenorphine with Naloxones) 8/2mg and two refills is medically necessary.