

<b>Case Number:</b>	CM15-0110609		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	07/15/1997
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 53-year-old male sustained an industrial injury to the low back on 7/15/97. The injured worker recently lost in excess of 150 pounds after bariatric surgery with subsequent excess skin folds. In a PR-2 dated 5/15/15, the injured worker was pending panniculectomy. The injured worker complained of lumbar spine pain, left shoulder pain, neck pain and fatigue. The physician noted that the injured worker was generally better overall due to weight loss. Physical exam was remarkable for lumbar spine with mild curvature to the right with improved flexion. Range of motion was only moderately painful since weight loss. The injured worker's ankles showed clonus with almost absent reflexes. Current diagnoses included drug dependence, abdominal pain, adjustment disorder, sleep apnea, insomnia, depression and back sprain/strain. The treatment plan included continuing medications (Fluoxetine, Ativan, Lidoderm patch, Seroquel, Suboxone, Antabuse and Geodon).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Increase Current Suboxone Dose from (1/2) of a 8/2 MCG Strip Daily to 1 Full Strip 8/2 MCG Daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Suboxone.

**Decision rationale:** Pursuant to the official disability guidelines, increase current dose Suboxone (one-half strip) 8/2mcg strip to 1 full strip 8/2mcg daily is not medically necessary. Suboxone is recommended as an option for chronic pain in selected patients (not first line for all patients). Suggested populations include patients with hyperalgesia complement of pain; patients with centrally mediated pain; patients with neuropathic pain; and patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients with previously been detoxified from other high-dose opiates. Suboxone should be reserved for use by clinicians with experience. In this case, the injured worker's working diagnoses are drug dependence NOS; abdominal pain; sleep apnea; insomnia; depressive disorder; sprain back; and rule out cervical spondylosis/myelomalacia cervical spine. Documentation from a May 15, 2015 progress note does not contain a clinical discussion in the treatment plan regarding an increase of Suboxone from one-half strip to one. The utilization review provider initiated a peer-to-peer conference review with the treating provider. The injured worker had a panniculectomy to remove excessive abdominal skin tissue secondary to major weight loss. The increase in Suboxone was considered to be temporary and used for postoperative pain. An increase in the Suboxone was approved for one month only. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and the peer-to-peer conference with modification for one month, increase current dose Suboxone (one half strip) 8/2mcg strip to 1 full strip 8/2mcg daily is not medically necessary.