

<b>Case Number:</b>	CM15-0114371		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/07/2002
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 was a 61 year old male, who sustained an industrial injury, October 7, 2002. The right shoulder injury occurred when lifting a 10 gallon container of drinking water. The lumbar spine injury occurred when the injured worker slipped and landed in a sitting position. The injured worker developed severe pain at L4-L5 and L5-S1. The injured worker previously received the following treatments random toxicology laboratory studies on November 19, 2014 was negative for expected findings, Oxycodone, MS Contin, Suboxone Film, Amitriptyline, Ambien, Naproxen for headaches, chiropractic services for the left elbow, L4-L5 and L5-S1 fusion in 2002, L4-L5 and L5-S1 with hardware removal in August 2006, Hydrocodone, Baclofen and Avinza in the past. The injured worker was diagnosed with chronic pain syndrome, degeneration of cervical intervertebral disc, lumbar post-laminectomy syndrome of the lumbar region and degeneration of the lumbar spine or lumbosacral intervertebral disc and insomnia. According to progress note of March 19, 2015, the injured worker's chief complaint was right shoulder, left arm paresthesias, planter neuropathy, left knee arthritis, insomnia, and treated for low back pain. The left elbow had radiation of pain down the ulnar nerve with radiation into the left shoulder. Left knee pain was from climbing a ladder. The pain was aggravated by walking. The lumbar back pain was intensified since hardware removal. The physical exam noted circulation and movements of the lower extremities were grossly intact. There was a lump below the left knee consistent with Old Osgood-Schlatter disease. The straight leg raises were negative. The sensation and movement of the lower extremities was grossly intact. The injured worker had marked pain relief with Suboxone, but expressed disappointment, that the injured worker continued to have back pain at times. The treatment plan included a prescription for Suboxone film.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone Film 8/2mg SL #120 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, On-going management Page(s): 26-27, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, pages 26-27.

**Decision rationale:** Per MTUS Chronic Pain, Buprenorphine HCL/ Naloxone HCL is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Review of available reports has no indication rationale or documented opioid addiction/dependency. Suboxone has one of the most high profile side effects of a scheduled III medication such as CNS & Respiratory depression, dependency, hepatitis/hepatic event with recommended abstinence from illicit use of ETOH and benzodiazepine. There is no mention the patient was intolerable to other medication like Neurontin or other opioids use. The risk of serious side effects (such as slow/shallow breathing, severe drowsiness/dizziness) may be increased if this medication is used with other products that may also affect breathing or cause drowsiness along with prescribed psychiatric medicines. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the medication nor is there any change in treatment profile from inconsistent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury of 2002 with grossly intact neurological findings. The Suboxone Film 8/2mg SL #120 with 12 refills is not medically necessary and appropriate.