

Case Number:	CM15-0117551		
Date Assigned:	06/25/2015	Date of Injury:	01/14/1991
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male, who sustained an industrial injury on 1/14/1991. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include post lumbar laminectomy syndrome, osteoarthritis, thoracic degenerative disc disease, myofascial pain, mood disorder, and chronic pain syndrome. Currently, he complained of increased low back pain associated with radiation to bilateral lower extremities. There was increased pain in the neck as well. On 5/13/15, the physical examination documented no acute distress and an antalgic gait. The plan of care included Suboxone 2mg/0.5mg sublingual film, one film sublingually every four to six hours as needed for pain, max 3 per day, #90 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2mg-0.5mg sublingual film #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: According to MTUS guidelines, Suboxone is recommended to treat opiate addiction. In this case, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. There is no documentation that the patient developed opioid addiction. In addition, there is no evidence of functional improvement with the previous use of Suboxone. Therefore, the prescription of Suboxone 2mg-0.5mg sublingual film #90 with 2 refills is not medically necessary.