MAXIMUS Federal Services

Case Number:	CM15-0118413		
Date Assigned:	06/26/2015	Date of Injury:	07/14/2004
Decision Date:	09/11/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 43 year old male who sustained an industrial injury on 07/14/2004 resulting in injury to the low back. Treatment provided to date has included: medications, and conservative therapies/care. Diagnostic tests performed include: MRIs, x-rays, and electrodiagnostic testing. The injured worker has a distant history of alcohol abuse but not within the last 10 years. On 06/01/2015, physician progress report indicates that the injured worker's initial evaluation for opioid dependency was dated 09/30/2014. The injured worker was initially prescribed Norco about 6 years earlier for his work related injury. It was noted that the injured worker had been taking 8-10 tablets of Norco 10/325mg every day as prescribed, but wished to discontinue taking Norco as he thinks he can manage his pain without opioids after being promoted to a managerial position. Current medications include Suboxone 8/2mg per day. The physical exam revealed stable vital signs, no evidence of ongoing substance abuse, and no neurological or psychological symptoms. The provider noted diagnoses of opioid type dependence continuous abuse, and counseling on substance use and abuse. Plan of care was discussed with the option of gradually tapering the dose of Suboxone; however, the injured worker preferred to continue the same dose of Suboxone to reduce likelihood of relapse. The injured worker's work status was not specified, but it appears that the injured worker is working full time. A request for authorization dated 01/09/2015, shows that the injured worker was prescribed/dispensed Norco 10/325mg 1 tablet every 4 hours with a 30-day supply (#180), Soma 350mg #30, and Ambien 10mg #30 by the advanced pain management specialist. On 02/04/2015, the following medications were dispensed by the advanced pain management

specialist: Norco 10/325mg 1 tablet every 4 hours with a 28 day supply (#168), Soma 350mg #28, and Ambien 10mg #28. There was an additional date of injury noted on a 'Doctor's First Report of Occupational Injury or Illness' as 04/10/2015; however, this is the same date of the report. The report states the assessment findings as: chronic low back pain mild in severity at this time and adequately managed with over-the-counter (OTC) analgesics. The report goes on to state that the injured worker was prescribed Suboxone last year to replace Norco. On this date (04/10/2015) the injured worker was dispensed Suboxone 8/2mg 2 per day (#60) with 2 refills. The request for authorization and IMR (independent medical review) includes: Retrospective Buprenorphine/Naloxone (Suboxone) sublingual 8/2mg #30 for a 15 day supply for dates of service (DOS): 1/23/15, 2/4/15, 2/16/15, 2/28/15, 3/12/15, 3/25/15, 4/10/15, 4/24/15, 5/8/15 and 5/22/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Buprenorphine/Naloxone (Suboxone) sublingual 8/2mg #30 for a 15 day supply for DOS 1/23/15, 2/4/15, 2/16/15, 2/28/15, 3/12/15, 3/25/15, 4/10/15, 4/24/15, 5/8/15 and 5/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain, Therapeutic trial of Opioids, Weaning of medications Page(s): 80-82, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter, Buprenorphine for chronic pain and Opioid antagonist.

Decision rationale: Suboxone is a combination of Butrans (Buprenorphine) and Naloxone (Narcan). Butrans (Buprenorphine) is a schedule-III controlled substance. The guidelines note that Buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Naloxone is an opioid antagonist. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Naloxone is an opioid antagonist. It is most often used to reverse the effects of agonists and agonist-antagonist derived opioids, and is used to reverse the effects of opioids in an overdose. It will usually reverse the depression of the central nervous system, respiratory system, and hypotension. Naloxone may be combined with opioids that are taken by mouth to decrease the risk of their misuse. Upon review of the clinical documentation submitted, we have found that the injured worker was prescribed and dispensed opioid analgesic (Norco) for several years.

The clinical notes also reflect that the injured worker was still being prescribed Norco as recent as 02/04/2015. Another report (by a different provider) dated 04/10/2015, states that the injured worker's Norco was replaced with Suboxone. The retrospective request for Suboxone includes DOS: 1/23/15, 2/4/15, 2/16/15, 2/28/15, 3/12/15, 3/25/15, 4/10/15, 4/24/15, 5/8/15 and 5/22/15. The clinical reports submitted confirm the dispensing of Suboxone on 04/10/2015 and 06/01/2015; however, there was no clinical evidence to support the other/remaining DOS. The clinical evidence found in the report dated 04/10/2015, is conflicting with the remaining information found in the clinical documentation. Additionally, Suboxone contains Butrans (Buprenorphine) which (according to the ODG) has the same requirements as other opioid drugs including: review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, these requirements were not documented/met. Medical necessity for Suboxone was not established. Therefore, the request for Suboxone was not medically necessary.