

Case Number:	CM15-0118892		
Date Assigned:	06/29/2015	Date of Injury:	04/25/1993
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 04/25/1993. On provider visit dated 05/13/2015 the injured worker has reported pain in neck, shoulders, lower back, and mid back. Pain was noted to radiate left hand, left finger, and right hand and fight finger. On examination of the thoracic spine revealed tenderness over the paraspinal muscles. Range of motion was noted to be restricted. Lumbar spine was noted as antalgic gait. Spasms were noted in the lumbar paravertebral region. Tenderness noted in the right and left lumbar paravertebral regions. Range of motion was restricted and pain with motion was noted as well. Cervical spine was noted to have a decreased range of motion and tenderness was present in the paravertebral region bilaterally and at multiple trigger points as well. Spurling test was positive. The diagnoses have included cervical spondylosis, lumbar spondylosis, lumbar disc disease and herniation disc, cervical and degenerative disc disease, cervical. Treatment to date has included medication. The provider requested Suboxone 4mg - 1mg SL film 1 unit TID PRN for 30 days #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 4mg - 1mg SL film 1 unit TID PRN for 30 days #90 with 2 refills: Upheld

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

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

Decision rationale: According to the guidelines, Buprenorphine is recommended for treatment for opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, the claimant was on Dilaudid and Methadone. There was no mention of opiate addiction or need for detoxification. Methadone is indicated for the same purpose. In addition, multiple opioids are not justified and no one opioid is superior to another. The continued use of Suboxone with 2 refills is not medically necessary.