

<b>Case Number:</b>	CM15-0118968		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/08/1992
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 is a 54 year old male who sustained a work related injury February 8, 1992. He was struck repetitive times in the head by a combative suspect. He was diagnosed with traumatic brain injury, cognitive loss due to closed head injury, depression and anxiety, post-traumatic epilepsy, lumbar degenerative disc disease, and s/p left orbital fracture. Past history included surgical repair to fractured nose and jaw, tendon replacement right elbow, rotator cuff repair x 2 right shoulder, arthroscopic surgery bilateral knees and ankle, and facet joint injections to the lumbar spine. According to the most recent physician's notes, dated April 1, 2015, the injured worker presented with neck pain and headaches. He reports vertigo and dizziness intermittently, and can last for weeks at a time; uses Meclizine. Panic attacks are every few weeks and anxiety is constant. Physical examination of the cervical spine found to be tight and tender, with limited range of motion and extension particularly painful. There were multiple trigger points throughout the spinal area. Lumbar spine has full range of motion but diffusely tender. Impression is documented as pain moderate and constant; panic incidence; anxiety. At issue, is the request for authorization Suboxone film.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Suboxone film 8mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

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

**Decision rationale:** Per MTUS Chronic Pain, Buprenorphine HCL/Suboxone 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 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 recent 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. The Pharmacy purchase of Suboxone film 8mg #90 is not medically necessary and appropriate.