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| Case Number: | CM15-0128962 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 09/13/2011 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

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 53 year old male patient who sustained an industrial injury on 09/13/2011. The accident was described as while working as a standards compliance officer he was traveling in an elevator and a power outage occurred causing the elevator to drop suddenly. The worker described an electric shock-like sensation from his head and neck extending down to his feet. He was evaluated and treated with activity modification, pain medications and also received injection. A recent follow up visit dated 06/10/2015 reported subjective complaint of having constant neck pain that radiates down bilateral upper extremities and associated with occipital headaches. He is also with thoracic back pain, low back pain. A magnetic resonance imaging study done on 09/12/2011 of the lumbar spine showed effacement of the exiting nerve L1 a descending right L2 nerve roots; prior surgery at right L5-S1; left foraminal osteophytes and inferior foraminal stenosis; degenerative disc at L3-4 with a small left inferior foraminal disc protrusion without definite L3 nerve root impingement. The following diagnoses were applied: chronic pain other; cervical radiculitis' strain/sprain of thoracic spine' lumbar radiculopathy; status post lumbar laminectomy L5-S1; headaches; cervicalgia; gastroesophageal reflux disorder; iatrogenic Opioid dependence; obesity; irritable bowel syndrome, and status post bilateral knee surgery. There is a recommendation to initiate medication Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-75.

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. There is no evidence or documentation that opiates are being weaned. Therefore, the prescription of Suboxone 8 mg #60 is not medically necessary.