

Case Number:	CM15-0178255		
Date Assigned:	09/18/2015	Date of Injury:	05/15/1996
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/10/2015

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 61-year-old male with an industrial injury dated 05-15-1996. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, knee pain and joint pain. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Medical records (01-21-2015 to 07-24-2015) indicate ongoing low back pain and knee pain. In a progress report dated 06-16-2015, the injured worker reported severe pain. The injured worker reported great difficulty without authorization of Suboxone. The injured worker was noted to be in pain and some probable withdrawal. The injured worker reported pain a 5 out of 10 with medication. Physical exam (06-16-2015) revealed tenderness in the lumbar spine with decreased range of motion. According to the progress note dated 07-24-2015, the injured worker reported persistent pain in the left knee and low back. The injured worker reported that the meds help but Suboxone reduces his pain and prevents him from wanting narcotic analgesics. Documentation noted that while he was on a very low dose of Suboxone, he could not seem to be weaned completely off of medication. The injured worker rated pain a 5 out of 10 with medication and a 6 out of 10 without medication. The injured worker is able to complete activities of daily living. The injured worker current medications include Maxalt-MLT 10mg and Ibuprofen 800 mg tablet. Objective findings (7-24-2015) revealed cervical spine tenderness, joint line tenderness, pain with flexion, decreased extension, and tenderness in the lumbar spine facet joints with decreased range of motion. Positive Mc Murray's test was also noted on exam. The injured worker is permanently disabled. The treatment plan included medication management and urine drug screen. The injured worker has

been on Suboxone 2-.5 MG Sublingual since at least 04-08-2014. The urine drug screen dated 07-24-2015 was negative. The original utilization review determination (08-13-2015) denied the request for 1 prescription of Suboxone 2-.5 MG sublingual with 3 Refills, 6 qualitative single drug class urine drug screens performed on 7-24-2015 and 1 assay of urine creatinine performed on 07-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2-.5 MG Sublingual with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Suboxone is Buprenorphine. It is recommended for treatment of 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 has been on Buprenorphine for over 2 years. This is beyond the time frame to manage addiction. Failure of other medication or weaning trial is not provided. Pain scores were not routinely noted. Continued use of Suboxone is not medically necessary.

6 Qualitative Single Drug Class Urine Drug Screens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history 6 qualitative urine screens are not medically necessary.

Assay of Urine Creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function.

Decision rationale: In this case, the claimant has been on NSAIDs for years. Creatinine testing has been routinely ordered. There is no indication of abnormal results or renal disease. Pain scores were not routinely noted. Long-term and continued use of NSAIDS is not justified. As a result, continued request for urine creatinine is not medically necessary.