

<b>Case Number:</b>	CM15-0063729		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	03/14/2000
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 71 year old male who sustained a work related injury March 14, 2000. Past history included failed back syndrome, hypertension, and pain medication dependence. According to a treating physician's office visit, dated February 18, 2015, the injured worker presented with manageable and stable low back pain, which radiates into the right foot and described as throbbing. The pain is rated 3-4/10, described as constant but variable in intensity. He is taking medication as prescribed, including Suboxone and Neurontin and pain is well managed. He is currently wearing an orthotic on his right foot for drop foot gait, but it does not fit present shoes and causes pain when walking. Diagnoses included lumbar post-laminectomy syndrome; foot-drop gait; low back pain; opioid dependence; chronic pain syndrome; lumbosacral radiculitis. Treatment plan included request for custom right foot orthotics, Suboxone 2mg/0.5mg sublingual film #120 refills x 2, and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 2/.05mg sublingual film #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 26-27.  
Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Buprenorphine for opioid dependence.

**Decision rationale:** The patient presents with bilateral low back pain radiating into the right foot, rated 3-4/10. The request is for Suboxone 2/0.5 MG Sublingual Film # 120 with 2 refills. Physical examination on 03/25/15 revealed that the patient had a normal posture and a slow, antalgic gait. Patient uses an orthotic for the right foot. Per 02/18/15 progress report, patient's diagnoses include lumbar post-laminectomy syndrome, foot-drop gait, low back pain, opioid dependence, chronic pain syndrome, and lumbosacral radiculitis. Patient's medications, per 03/25/15 progress report include Flexeril, Neurontin, Suboxane, Tamsulosin, Terazosin, and Xanax. Patient's work status was not specified. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." For Buprenorphine, MTUS pages 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. ODG-TWC, Pain (Chronic) Chapter states: "Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence. Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain." "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neurotic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." Patient received prescriptions for Suboxone from 09/04/14 and 03/25/15. UR letter dated 03/02/15 has modified the request from # 120 with 2 refills to #90 with no refills. In review of the medical records provided, it appears that the treater is prescribing Suboxone for patient's lumbar post-laminectomy syndrome. In progress report dated 03/25/15, treater states that Suboxone allows the patient to continue his ADL's and HEP and remain active with his grandchildren. However, the treater does not provide specific examples of ADL's to demonstrate medication's efficacy and show functional improvement due to this medication. The 4A's are not appropriately addressed, as required by MTUS. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS, CURES or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Custom right foot orthotics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Ankle Foot orthosis (AFO).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines Ankle and Foot Chapter, Orthotics.

**Decision rationale:** The patient presents with bilateral low back pain radiating into the right foot, rated 3-4/10. The request is for CUSTOM RIGHT FOOT ORTHOPEDICS. Physical examination on 03/25/15 revealed that the patient had a normal posture and a slow, antalgic gait. Patient uses 1 orthotic for the right foot. Per 02/18/15 progress report, patient's diagnosis includes lumbar post laminectomy syndrome, foot-drop gait, low back pain, opioid dependence, chronic pain syndrome, and lumbosacral radiculitis. Patient's medications, per 03/25/15 progress report include Flexeril, Neurontin, Suboxane, Tamsulosin, Terazosin, and Xanax. Patient's work status was not specified. ACOEM and MTUS do not address this request. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." In progress report dated 03/25/15, treater states that the patient has one orthotic from three years ago which is now too small, made out of hard plastic and causes pain with walking. The treater is requesting the custom orthotic for patient's abnormal gait. ODG supports orthoses for plantar fasciitis and foot pain from rheumatoid arthritis. Patient's diagnosis includes foot-drop gait and does not present with any of the conditions indicated by the guidelines. Foot inserts may be indicated for chronic low back pain but not custom fitted orthosis. Therefore, the request IS NOT medically necessary.