

Case Number:	CM15-0065586		
Date Assigned:	04/13/2015	Date of Injury:	10/01/2007
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: North Carolina

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 64 year old male who sustained a work injury October 1, 2007. Past history includes diabetes and hypertension. According to an office visit dated March 12, 2015, the injured worker presented for medical re-evaluation regarding his lumbar post laminectomy syndrome, total hip arthroplasty, and chronic radicular myofascial pain. He continues with significant back, hip and lower extremity pain. He is performing a home exercise and walking programs as well as taking prescribed medication. Diagnoses are lumbar post-laminectomy syndrome and degeneration of lumbar intervertebral disc. Treatment plan included request for authorization of prescribed Suboxone 2mg-0.5mg sublingual film.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 60 films: 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)-pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, suboxone.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested medication. Per the ODG, suboxone is indicated in the treatment of pain in patients with a hyperalgesic component, patients with centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opioid therapy and for patients who have previously been detoxified from other high-dose opioids. The clinical documentation provided for review does not meet criteria for this medication use per the ODG and therefore is not medically necessary.