

<b>Case Number:</b>	CM15-0073960		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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:

This 46 year old female sustained an industrial injury on 2/1/08. She subsequently reported low back, left eye and left shoulder pain. Diagnoses include lumbar disc disorder and sacroiliac instability. Treatments to date have included MRI and x-ray studies, radiofrequency ablation and prescription pain medications. The injured worker continues to experience chronic low back pain, examination reveals tenderness and restricted range of motion. A request for Suboxone medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Suboxone 4 mg Qty 60 (retrospective 02/27/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**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 of opioid addiction. Furthermore, there is no

documentation for pain and functional improvement with previous use of Suboxone. Therefore, the prescription of 4 mg Qty 60 (retrospective 02/27/15) is not medically necessary.