MAXIMUS Federal Services

Case Number:	CM15-0075780		
Date Assigned:	04/27/2015	Date of Injury:	01/01/2001
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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 55 year old male who sustained an industrial injury on 1/1/2001. His diagnoses, and/or impressions, included: thoracic degenerative disc disease; psuedoarthrosis at thoracic 10 with loosened hardware; solid fusion from thoracic 11 - sacral 1 (2006); left foot reconstruction (11/2013 & 4/2014); chronic pain syndrome; and opioid dependence, status-post rehabilitation - inpatient. The history notes prior low back trauma, aggravated by this industrial injury; a thoracic kyphosis; and status-post lumbar laminectomy. (2007 & 2010) No current magnetic resonance imaging studies are noted. Recent computed tomography scan of the lumbar and thoracic spine were stated to have been done on 5/12/2014. His treatments have included lumbar epidural steroid injection therapy; ice/heat therapy; physical therapy; and medication management. Progress notes of 3/3/2015 do not identify the date of injury, but reported re-evaluation for pain management, a loose screw necessitating revision surgery, and continuing Suboxone until he enters a functional restoration program, when he will be weaned. The physician's requests for treatments were noted to include Suboxone MIS, for chronic pain following treatment for opiate addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone MIS 8-2mg #75 MED 144: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Buprenorphine (Suboxone) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant was on Suboxone for several months. Although there was intention to wean off of Suboxone when the claimant entered an FRP, the active weaning protocol and long-term use was not justified. As a result, the use of Suboxone patches is not medically necessary.