

Case Number:	CM15-0096625		
Date Assigned:	05/27/2015	Date of Injury:	10/07/2002
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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:

This 60-year-old male sustained an industrial injury on 10/17/02. He subsequently reported back pain. Diagnoses include chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc and postlaminectomy syndrome. The injured worker currently experiences low back pain, right shoulder pain, left arm paresthesias, left knee arthritis and insomnia. Upon examination, normal sensation, movements and reflexes were noted. Straight leg raise testing was negative. A request for Suboxone Film 8/2 mg SL (sublingual), Qty 120 X 12 Months 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 Film 8/2 mg SL (sublingual), Qty 120 X 12 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, pages 26-27.

Decision rationale: Per MTUS Chronic Pain, Buprenorphine HCL/ Naloxone HCL is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Review of available reports has no indication rationale or documented opioid addiction/dependency. Suboxone has one of the most high profile side effects of a scheduled III medication such as CNS & Respiratory depression, dependency, hepatitis/hepatic event with recommended abstinence from illicit use of ETOH and benzodiazepine. There is no mention the patient was intolerable to other medication like Neurontin or other opioids use. The risk of serious side effects (such as slow/shallow breathing, severe drowsiness/dizziness) may be increased if this medication is used with other products that may also affect breathing or cause drowsiness along with prescribed psychiatric medicines. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the medication nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury. The Suboxone Film 8/2 mg SL (sublingual), Qty 120 X 12 Months is not medically necessary and appropriate.