

Case Number:	CM14-0141493		
Date Assigned:	09/10/2014	Date of Injury:	01/03/2008
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old male who sustained an injury on 01/03/08. No specific mechanism of injury was noted. The injured worker has been followed for complaints of low back pain radiating to the left lower extremity. The injured worker is noted to have a prior history of multiple narcotics use to include Exalgo, Opana, and Hydromorphone. By March of 2014 the injured worker had been placed on Suboxone for opioid dependency. As of 08/07/14, the injured worker continued to report residual low back and bilateral knee pain. The physical exam noted moderate tenderness to palpation and spasms in the low back with additional tenderness to palpation noted in the left knee. Suboxone was continued at 8mg. The 09/04/14 evaluation noted no changes in the injured worker's symptoms. Pain levels ranged from 6-8/10 on the VAS. The injured worker denied any abuse issues with Suboxone. This medication was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone film 8mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

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

Decision rationale: In regards to the use of Suboxone 8mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker was initially placed on Suboxone due to opioid dependence in March of 2014. The injured worker was successful in discontinuing the multiple narcotic medications noted in the prior records. It is unclear why suboxone has not been weaned as well given the successful detoxification of other narcotic medications as indicated by current evidence based guidelines. Although Suboxone can be utilized as a 2nd to 3rd line option in the treatment of severe chronic pain that has failed other narcotic medications, this medication was not prescribed for that intention. There is no clear indication from the records that Suboxone is providing any significant pain reduction or functional improvement. Furthermore, the request is not specific in regards to the quantity, frequency, or duration of Suboxone. As such, this reviewer would not recommend this request as medically necessary.