# Core 400 LLC

**An Independent Review Organization**
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**DATE NOTICE SENT TO ALL PARTIES:** Aug/24/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Suboxone 8/2mg Sublingual #60 for 30 days x3 refills

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified Physical Medicine and Rehabilitation

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ X ] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The recommendation for Suboxone 8/2mg Sublingual #60 for 30 days x3 refills is for non-certification

**PATIENT CLINICAL HISTORY [SUMMARY]: Patient** is a female. On xx/xx/xx, she was seen in clinic. She had a history of right upper extremity RSD after a work related injury getting her arm caught between a sliding door. She was taking Fentanyl 25mcg patch changed every 48 hours. She was also on Hydrocodone 10/325mg Q 6 hours. She stopped taking Gabapentin. Pain was rated at 6/10 to her arm. Her random drug screen was performed at that time showing the patient positive for opiates and Morphine, and negative for all other drugs tested. On 03/25/15, the patient returned to clinic. It was noted the urine drug screen of 03/02/15 documented in addition to her Fentanyl and Hydrocodone which was prescribed the presence of Codeine, Morphine, and Meprobamate. She admitted to the use of Morphine and Soma tablets from a previous office visit. Discontinuation of opiate medications was recommended and the plan was to try to transition her to Suboxone on a trial basis to reduce risks of withdrawal. Then the plan was to wean and discontinue opiates altogether. Pain was rated at 8/10 at that time. On 06/03/15, the patient returned to clinic. She stated she was planning to discuss weaning of opiate medications and to begin Suboxone. Pain was rated at 8/10. She was instructed to finish existing Norco and Fentanyl patches approximately 6 days' worth and then begin Suboxone at 8/2mg to be taken twice daily. On 07/02/15, the patient was seen in clinic.

She described being hesitant to begin Suboxone but eventually began taking it and reported that she had done well with the medication which was controlling her pain well. Her Suboxone was refilled and Gabapentin was prescribed. She was also given Mobic.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 07/16/15, a utilization review report was submitted non-certifying the request for Suboxone 8/2mg 1 tablet BID on a PRN basis for #60 for 30 days x 3. An enclosed peer review report the same date, noted that the request did not provide evidence of a slow tapering of opiates, and the request for Suboxone would be appropriate with a slow tapering schedule for weaning purposes but continued

prescribing of that medication for a 3 month period of time at the same dosage was not supported. Therefore the request was non-certified. On 07/31/15, an appeal determination letter was submitted non-certifying the request for Suboxone in which it was noted that the patient had a history of inconsistent urine drug screens in the past, and it was recommended after the patient was stabilized on this medication it could then be tapered and there was a lack of documentation for 3 refills for a timely reassessment of efficacy. Therefore the request was non-certified.
This medication may be recommended as an option for chronic pain and due to the complexity of the induction and treatment, the drug should be reserved for use by clinicians with experience. It may be used for those patients who have been detoxified from other high dose opiates. The records indicate the patient was non-compliant with a urine drug screen, and the records do not indicate that the patient was inducted with Suboxone but was given the medication to take home with her for later use. There was a lack of objective evidence indicating that she has not been consuming other opiate type medications in combination with the Suboxone. The recommendation for Suboxone 8/2mg Sublingual #60 for 30 days x3 refills is for non-certification and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

**[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

**[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

**[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

**[ ] INTERQUAL CRITERIA**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

**[ ] MILLIMAN CARE GUIDELINES**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

**[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

**[ ] TEXAS TACADA GUIDELINES**

**[ ] TMF SCREENING CRITERIA MANUAL**

**[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

**[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**