

<b>Case Number:</b>	CM13-0010199		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/28/1999
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This is a male patient with a date of injury of 5/28/99. A utilization review determination dated 7/26/13 recommends non-certification of buprenorphine as there was no documentation of pain improvement, improvement in ADLs, no rationale for why the patient would require both tablet and film forms of the medication, and no documentation of compliance to medication intake. A progress report dated 10/31/13 identifies subjective complaints including bilateral knee and foot pain and right shoulder pain. Pain symptoms are said to be much more well-controlled with Suboxone 4 mg 4 times per day. He is now taking OTC Tylenol only as needed rather than routinely and is not taking any anti-inflammatory medication. Suboxone was noted to now be authorized by the insurance carrier. Objective examination findings identify a slowed gait and use of a walking stick. Diagnoses include joint pain - ankle; joint pain - L/leg; joint pain - shoulder; pain in joint. Treatment plan recommends Suboxone. Notes indicate that, with the current stable Suboxone regimen, the patient gets sufficient relief of pain that he is able to maintain a level of function that allows him to exercise daily and care for his disabled wife. His mood and sleep remain relatively stable with this medication and he continues with no adverse effects and shows no signs of misuse, overuse, or abuse of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Buprenorphine 2 mg #180 between 7/24/2013 and 9/7/2013: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 76-79.

**Decision rationale:** Regarding the request for buprenorphine, California MTUS Chronic Pain Medical Treatment Guidelines state, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the medication was previously non-certified in utilization review as there was no documentation of the abovementioned criteria. Subsequently, the provider has noted that the patient gets sufficient relief of pain and he is able to maintain a level of function that allows him to exercise daily and care for his disabled wife. His mood and sleep remain relatively stable with this medication and he continues with no adverse effects and shows no signs of misuse, overuse, or abuse of the medication. In light of the above, the currently requested buprenorphine is medically necessary.