

<b>Case Number:</b>	CM13-0029066		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Neurology, has a subspecialty in Neuromuscular pain, 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 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:

██████████ is a 44-year-old woman who sustained a work-related injury on March 2, 2004. Subsequently she developed chronic back pain. The patient underwent left tibial internal fixation surgery. According to a note dated on August 1, 2013, the patient continued to have the severe pain. His 2012 MRI of the lumbar spine demonstrated posterior disc protrusion at the level of the L5-S1. The patient underwent an epidural injection on August 2013. The provider requested authorization for the medications mentioned below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PREDNISONE 5 MG, 45 COUNT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, oral corticosteroids are not recommended in case of chronic back pain. The request for Prednisone 5 mg, 45 count, is not medically necessary or appropriate.

**BUPRENORPHINE TORCHES 4 MG, SIXTY COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended to treat opiate addiction. There is no evidence or documentation of continuous opioids use. Furthermore, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. The request for Buprenorphine torches 4 mg, sixty count, is not medically necessary or appropriate.

**SUBOXONE 8 MG, THIRTY COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Suboxone 8 mg, thirty count, is recommended to treat opiate addiction. There is no evidence or documentation of continuous opioids use. Furthermore, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. The request for Suboxone 8 mg, thirty count, is not medically necessary or appropriate.