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| <b>Case Number:</b>   | CM13-0038286 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 02/01/2008 |
| <b>Decision Date:</b> | 03/05/2014   | <b>UR Denial Date:</b>       | 10/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/25/2013 |

### 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 Pain Management, has a subspecialty in Disability Evaluation 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:

The claimant is a 45 years old right handed female Group Counselor. She sustained an accepted industrial injury to the left shoulder, left eye and low back on 02/01/2008, when she was punched in the left eye while restraining an out of control minor and subsequently thrown across the room where she landed on another individual. In the most recent two progress report from the treating physician, it appears that the claimant's functional status has not improved in recent months, and there is no documented evidence of functional improvement (Oswestry Index, etc). There is not documented reduction in work restrictions and reduction in dependency on continued medical treatments with the claimant's current use of high dose opioids. On 09/30/2013, he treating physician noted that the claimant complained of Sharp, aching, constant, intermittent pain rated 9/10 at worst. With medications sitting/standing/walking tolerance increased by 30% and lifting tolerance increased by 30%. Tolerance for household chores and work were unchanged. She was unable to obtain Nucynta ER and had to increase use of Norco to 10-12 per day. She was obtaining additional medications from family and friends. She was also using alcohol for pain. . Therefore the claimant has documented risk factors for continued use of opioid including self-escalation, illicitly obtaining opioids from family members and concomitant alcohol abuse with opioid use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 2MG #63:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/2013) Buprenorphine for chronic pain and Buprenorphine for treatment of opioid dependence:

**Decision rationale:** Buprenorphine 2mg #64 was prescribed for the purpose of detoxification, and this is supported by the guidelines. Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain. The patient has exhibited aberrant drug behavior which requires immediate action to prevent further deterioration of her condition. The claimant morphine equivalent dose not including Buprephenone is 226.8mg/24 hours. This is nearly twice the CA-MTUS guidelines recommended ceiling of 120 mg/24 hours. Furthermore, there is no recent evidence of any attempt of opiate taper or wean. The claimant continues to complain of severe pain despite high-dose opiate use. The patient may have a component of opiate-induced hyperalgesia. Therefore the request for buprenorphine 2mg #64 is medically necessary.