

Case Number:	CM13-0043901		
Date Assigned:	12/27/2013	Date of Injury:	12/14/2011
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 25-year-old male who reported an injury on 12/14/2011. The patient's medical history included buprenorphine as of 01/2013. The patient hit his left knee to the handle of a knife and fell backwards and fell off a roof approximately 15 feet to the ground. The documentation of 10/10/2013 revealed the patient had no acute changes to the pain. The patient indicated that he had pain that was decreasing his function and activities of daily living. The patient's diagnoses included degeneration of the lumbar lumbosacral disc, psychogenic pain NEC, joint pain/pelvis, and pain in joint of the lower leg. The request was made for Capsaicin cream, cyclobenzaprine, Nabumetone, buprenorphine and Fluoxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF BUPRENORPHINE 0.1MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Opioids, Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the

VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient was being monitored for aberrant drug behavior. There was lack of documentation documenting an objective improvement in function and an objective decrease in the VAS score with the medication. There was a lack of documentation indicating if the patient was having side effects to the medication. Given the above, the request for 1 prescription of buprenorphine 0.1 mg #60 is not medically necessary.