

<b>Case Number:</b>	CM13-0053191		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/15/2002
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 15, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; attorney representation; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent limitations in place. In a utilization review report of October 29, 2013, the claims administrator approved a request for trazodone while denying a request for buprenorphine. The applicant's attorney subsequently appealed. In an appeal letter of November 5, 2013, the attending provider states that the applicant has longstanding chronic low back pain, shoulder pain, and neck pain. It is stated that the applicant has tried Opana for pain relief and that she is reporting heightened ability to perform activities of daily living, including walking as a result of ongoing buprenorphine usage. In another note of November 6, 2013, the attending provider states that he believes that buprenorphine is an appropriate choice here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.25mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** While the MTUS does not specifically address the topic of buprenorphine usage, page 80 of the MTUS Chronic Pain Medical Treatment Guidelines does set forth criteria for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, however, the aforementioned criteria have not seemingly been met. The claimant does not appear to have returned to work. There is no clear evidence of improved functioning. The reduction in pain appears to be marginal, and has not been clearly elaborated or expounded upon. The increased ability to walk likewise appears to be negligible/marginal and does not make a compelling case for continuation of buprenorphine, in and of itself. It is further noted that the ODG Chronic Pain Chapter buprenorphine topic states that buprenorphine should be employed as a second-line option in those individuals who have a hyperalgesic component to their pain, those individuals with centrally-mediated pain, and/or those individuals who have had issues adhering to the standard opioid maintenance and/or those individuals who have been detoxified from other high-dose opioids. In this case, it is not clearly stated or mentioned that the applicant meets these criteria. Therefore, the request remains non-certified, on independent medical review.