MAXIMUS Federal Services

| Case Number: | CM13-0055737 | | |
|---|---|---|---|
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/01/2008 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

## 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 Internal 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:

According to the records made available for review, this is a 45-year-old female with a 2/1/08 date of injury. At the time of request for authorization for Buprenorphine 8mg #90, there is documentation of subjective (low back pain radiating to the lower extremity and low back pain) and objective (antalgic gait; tenderness in the right sacroiliac joint; and restricted lumbar spine range of motion) findings, current diagnoses (lumbosacral spondylosis and lumbar spine radiculopathy), and treatment to date (medications (including opioids). There is no documentation of opiate addiction or chronic pain after detoxification in patients who have a history of opiate addiction.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 8 mg #90:** 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): 26-27.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain after detoxification in patients who have a

history of opiate addiction, as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis and lumbar spine radiculopathy. However, despite documentation of ongoing opioid use, there is no documentation of opiate addiction or chronic pain after detoxification in patients who have a history of opiate addiction. Therefore, based on guidelines and a review of the evidence, the request for Buprenorphine 8mg #90 is not medically necessary.