

Case Number:	CM14-0003145		
Date Assigned:	01/31/2014	Date of Injury:	02/09/2009
Decision Date:	07/07/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 02/09/2009 after a fall. The patient reportedly sustained an injury to his low back. The patient ultimately underwent interbody fusion and hardware placement at the L4-5 and L5-S1. The injured worker developed chronic pain postsurgically. The injured worker's chronic pain was treated with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/09/2013. It was documented that the injured worker had a pain level of 6/10. Objective findings included painful range of motion with a positive left sided straight leg raising test. The injured worker's medications included Relafen 500 mg, Pantoprazole 20 mg, cyclobenzaprine 7.5 mg, MiraLax powder 17 g per dose, buprenorphine HCl 2 mg, Lactulose 10 mg, Topamax 25 mg, and venlafaxine HCl extended release 37.5 mg, and lorazepam (dose and frequency not stated). The injured worker's treatment plan was to continue with medication usage. Utilization review treatment appeal dated 12/24/2013 documented that the injured worker's buprenorphine was denied as it was inappropriately prescribed. The treating provider documented that the patient had 6/10 pain reduced to a 4/10 and that the medication was appropriate for chronic pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPRENORPHINE HCl 2MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Buprenorphine Page(s): 60, 26.

Decision rationale: The requested Buprenorphine HCl 2 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of this medication in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by a quantitative assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review fails to provide any evidence of functional benefit resulting from medication usage. Also, this medication is recommended for patients who have been through detoxification. There is no evidence within the documentation to support the patient has going through any type of detoxification process. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Buprenorphine HCl 2 mg #30 is not medically necessary or appropriate.