

Case Number:	CM14-0004163		
Date Assigned:	02/03/2014	Date of Injury:	05/22/2001
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
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 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 an employee of [REDACTED] and has submitted a claim for lumbago associated with an industrial injury date of May 22, 2001. Treatment to date has included oral analgesics, acupuncture, massage therapy, home exercise program and lumbar epidural steroid injection. Medical records from 2013 were reviewed and showed low back pain radiating to the right lower extremity that extends to the right calf with intermittent flare-ups. Diagnoses include lumbar disc displacement without myelopathy, sciatica, lumbago and disorder of the sacrum. Associated objective findings were not available in the submitted documentation. The patient has been prescribed with buprenorphine sublingual, tramadol and Tylenol as far back as June 10, 2013. He has not taken tramadol for months and was also taking Norco based on a progress report dated September 17, 2013. The utilization review dated December 20, 2013 denied the request for buprenorphine 0.1mg sublingual troches because the patient has no signs of opiate addiction or dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF BUPRENORPHINE 0.1 MILLIGRAM (MG) SUBLINGUAL TROCHES # 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), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Chronic Pain Guidelines state that buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain. Especially after detoxification in patients who have a history of opiate addiction. In this case, the patient has been taking sublingual buprenorphine as far back as June 10, 2013; however, the indication for which was not discussed. The guideline recommends the use of this medication for patients with opiate addiction, which was not justified in this case. There was no urine drug testing result showing aberrant drug use based on the medical records submitted. The request is not medically necessary.