

Case Number:	CM14-0101708		
Date Assigned:	09/16/2014	Date of Injury:	08/15/2011
Decision Date:	10/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation, has a subspecialty in Pain 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 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 records, presented for review, indicate that this 38-year-old gentleman was reportedly injured on August 15, 2011. The mechanism of injury was stated to be a dog bite on the left lower extremity. The most recent progress note, dated March 27, 2014, indicated that there were ongoing complaints of left lower extremity pain. Pain was stated to be improved with use of a Butrans 10 g patch and gabapentin 600 mg. There were complaints of gastrointestinal symptoms sometimes reduced with Prilosec and Protonix. The physical examination demonstrated joint line tenderness of the left knee without any erythema, effusion, abrasion, or apprehension. Diagnostic nerve conduction studies performed on August 13, 2012, revealed potential left tibial mononeuropathy and left sciatic mononeuropathy or S1 radiculopathy. A left-sided peroneal mononeuropathy was also identified. Previous treatment included a left knee meniscectomy and chondroplasty performed in March 2013, steroid injections, and oral medications. A request had been made for buprenorphine and was denied in the pre-authorization process on June 5, 2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27 of 127.

Decision rationale: According to the California MTUS, the use of Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A review of the medical records does not indicate that the injured employee has these conditions. As such, this request for Buprenorphine 0.25mg, # 60 is not medically necessary.