

Case Number:	CM14-0104480		
Date Assigned:	07/30/2014	Date of Injury:	12/29/2010
Decision Date:	09/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 49 year old male who reported an injury to his low back when he was inspecting a bin when he leaned over to move debris resulting in a muscle injury in the low back. The utilization review dated 07/29/14 resulted in a certification for the continued use of Buprenorphine through 09/11/14. The note indicates the injured worker having been prescribed the use of Buprenorphine at that time. There is an indication the injured worker was also utilizing Morphine at that time. The clinical note dated 05/28/14 indicates the injured worker continuing with the use of Buprenorphine. There was also an indication that the injured worker had previously been prescribed the use of Oxycontin but was requesting to no longer use that medication. The clinical note dated 05/06/14 indicates the injured worker utilizing upwards of 2,500mg of MED per day far exceeding government regulations. The injured worker had complaints of ongoing low back pain with radiation of pain into the lower extremities, left greater than right. The injured worker also described a burning sensation in his back and legs. The injured worker was being recommended to use 8 tablets of Buprenorphine sublingually. The clinical note dated 06/26/14 indicates the injured worker complaining of a stabbing sensation in the umbilical region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR tab 20mg #60 (30DS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Wellbutrin (bupropion) Page(s): 124.

Decision rationale: The documentation indicates the injured worker utilizing 8 tablets of Buprenorphine on a daily basis. The continued use of this medication is indicated to address the injured worker's opioid addiction. There is an indication the injured worker is continuing to utilize far more than the recommended Morphine equivalent on a daily basis. Given these factors, the continued use of this medication is not reasonable. Therefore, the request for 270 sublingual tablets of Buprenorphine HCl 2mg is not indicated. Such as, Oxycontin CR tab 20mg #60 (30DS) is not medically necessary.