

Case Number:	CM14-0109743		
Date Assigned:	08/01/2014	Date of Injury:	06/19/2008
Decision Date:	09/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/14/2014

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 Management 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:

According to the records made available for review, this is a 67-year-old male with a 6/19/08 date of injury and status post lumbar laminectomy/fusion, right ankle arthroscopic surgery x2, and left knee arthroscopic surgery x2 (undated). At the time (6/11/14) of request for authorization for Buprenorphine 0.25mg Quantity 90, there is documentation of subjective (chronic significant back, right ankle and left knee pain) and objective (two areas of reddish rash on the right lower leg consistent with areas where the ankle brace contacts the skin) findings, current diagnoses (long term use of medications, lumbar post-laminectomy syndrome, pain in ankle/foot joint, and pain in lower leg joint), and treatment to date (previous therapy with Buprenorphine with minimal pain relief; and ongoing therapy with Morphine sulfate). There is no documentation of detoxification from a history of opiate addiction; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25mg Quantity 90: Upheld

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

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

Decision rationale: 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of long term use of medications, lumbar post-laminectomy syndrome, pain in ankle/foot joint, and pain in lower leg joint. In addition, there is documentation of chronic pain. However, there is no documentation of detoxification from a history of opiate addiction. In addition, given documentation of previous therapy with Buprenorphine with minimal pain relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Buprenorphine. Therefore, based on guidelines and a review of the evidence, the request for Buprenorphine 0.25mg Quantity 90 is not medically necessary.