

Case Number:	CM14-0014819		
Date Assigned:	02/28/2014	Date of Injury:	03/17/2010
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic Surgery 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:

This is a 58-year-old male with a 03/17/2010 date of injury. A specific mechanism of injury was not described. 1/23/14 determination was non-certified given no USD reported and the patient has recent epidural injections with reported benefit which would indicate the patient should be able to reduce her opiate requirements. 2/26/14 medical report identifies low back pain with increased tingling in the feet. This has been worse for the past two weeks. She is also having more pain in the left shoulder. She is not sure what is causing this flare-up. She has been using buprenorphine that was left over from her previous prescription. She is taking 4 tablets per day spread out throughout the day. She states that taking 2 tablets at a time causes her to feel "spaced out". She reports some relief of pain with the medication. She also continues with neck pain with radiation into the left upper extremity with associated numbness and tingling in her hand. Exam did not include any specific lumbar or cervical findings. The patient's medications included Norco 10/325mg (from other MD) to be taken 1 twice daily. It is further noted that the patient discontinued Norco, is no longer getting from [REDACTED]. 1/29/14 medical report identifies that the patient was getting Norco from [REDACTED] for a rib fracture injury (non-industrial). She states that pain has nearly resolved and she had resumed taking buprenorphine 0.25mg, but at a lower dose 1 tab BID. A CURES report was obtained and revealed that the patient last got Norco from [REDACTED] on 11/29. 12/18/13 medical report identifies that CURES report identified that the patient had been provided with Norco for the previous 3 months and no narcotic medication will be prescribed until she had weaned off of the Norco from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDICATION: BUPRENORPHINE 0.25MG SUBLINGUAL TROCHES, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Buprenorphine for chronic pain Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience.

Decision rationale: The patient was taking Norco for a rib fracture (non-industrial) and while taking Norco (by another provider), no buprenorphine was prescribed by the pain management physician. Buprenorphine prescription was resumed after the patient stopped receiving Norco, confirmed by CURES report. It is also noted that Norco provided pain relief. CA MTUS recommend buprenorphine as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There is no indication that the patient has opioid addiction/dependence. In addition, the specific functional benefit from buprenorphine is not clearly delineated, the patient is having a flare-up while taking the medication and it is noted that only provides "some relief". The records did not really describe whether there was any opiate-induced hyperalgesia, or whether the Norco alone was insufficient, or whether there was progression of pain reports that were escalating despite pain management. Given the above the request is not medically necessary.