

Case Number:	CM14-0119747		
Date Assigned:	08/06/2014	Date of Injury:	11/10/2009
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family 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:

This is a 48-year-old female who reported an industrial injury to the neck and back on 11/10/2009, almost five (5) years ago, attributed to the performance of her usual and customary job tasks when she sustained a slip and fall. The patient is diagnosed with cervical spine disc displacement and chronic neck pain. The patient has received treatment in the form of medications, physical therapy, acupuncture, C6 selective epidural injection and surgical intervention with AC four-C5, C5-C6, and C6-seven anterior discectomies, bilateral anterior foraminotomies, C4-C5 and C6-C7 artificial disk replacement, and C5-C6 anterior interbody fusion on 2/14/2012. A prescription was made for Buprenorphine powder HCL and Troche Base Powder 90 g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Buprenorphin Powder HCL and Troche Base Powder 90 grams: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 300-3006, 47-48, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: The prescription for Buprenorphine powder with Troche base powder is being prescribed as an opioid analgesic for the treatment of chronic pain for a chronic neck pain s/p fusion. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the neck. There is no documented functional improvement from this opioid analgesic. The ACOEM Guidelines and CA MTUS do not recommend long acting opioids for mechanical neck pain. There was no rationale provided by the requesting physician supported with objective evidence to support the medical necessity of the prescribed Buprenorphine powder. California MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends; "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not document evidence of functional improvement due to the use of Buprenorphine. The opportunity for weaning was provided. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity for opioids directed to chronic mechanical neck and back pain. The prescription for Buprenorphine is being prescribed as opioid analgesics for the treatment of chronic neck pain against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic neck/back pain 2 1/2 years after the date of surgery. There is no demonstrated medical necessity for the continuation of Buprenorphine for chronic neck pain s/p fusion. The chronic use of Buprenorphine is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain and is only recommended as a treatment of last resort for intractable pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is not consistent with evidence-based guidelines based on intractable pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function. So, Compound Buprenorphine Powder HCL and Troche Base Powder 90 grams are not medically necessary.