

<b>Case Number:</b>	CM14-0132688		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 and Pain Medicine, and is licensed to practice in Florida. 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 50-year-old female with a reported date of injury on 03/09/2001. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include opioid dependence, psychalgia, depressive disorder, lumbar postlaminectomy syndrome, lumbosacral radiculitis, chronic pain syndrome, and lumbosacral radiculitis. Her previous treatments were noted to include medications and detoxification. The progress note dated 05/12/2014 revealed increased pain and severe levels of depression and anxiety. The physical examination revealed a decrease in pain medication and an increase in exercise. The progress note dated 07/17/2014 revealed complaints of low back pain rated 7/10. There were complaints of low back stiffness and spasms. The injured worker indicated she felt depressed and had difficulty transferring out of a chair. The physical examination of the lumbar spine revealed tenderness over the paraspinal muscles overlying the facet joints and sacroiliac joints with 2+ muscle spasms over the middle paraspinal. The lumbar range of motion was unable to be tested secondary to severe pain. There was positive straight leg raise on the right side and there was negative deficits to the extensor hallucis longus. The Request for Authorization form was not submitted within the medical records. The request was for Ativan 0.5 mg #10 with 0 refills as needed for anxiety and buprenorphine 2 mg sublingual #180 with 1 refill as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 0.5mg #10 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition (2004)Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. There is a lack of documentation regarding the efficacy and improved functional status with the utilization of this medication. The injured worker has been utilizing this medication for at least 2 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Busprenorphine 2mg SL #180 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Benzodiazepines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition (2004)Official Disability Guidelines.

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

**Decision rationale:** The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.