

<b>Case Number:</b>	CM14-0135058		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	06/03/2001
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 48-year-old female with an injury date of 06/03/2001. Based on the 04/29/2014 progress report, the patient complains of having pain in her left lower extremity, hip to foot. The patient states that rainy weather aggravates her pain and causes swelling in her left leg. She rates her pain as a 4/10 and the pain is chronic and sharp. The patient has hypersensitivity to touch in affected limbs and muscle spasms in affected limbs as well (left foot). She has swelling and joint tenderness in her left ankle and left hip joints. She also has joint stiffness in her left hip and left ankle joints. The patient has an antalgic gait favoring the left side. The patient's diagnoses include the following; opioid dependence, psychalgia, reflex sympathetic dystrophy of lower extremity, tarsal tunnel syndrome, pain in elbow, cervical spondylosis without myelopathy, pain in limb, and degeneration of intervertebral disk. The utilization review determination being challenged is dated 08/13/2014. Two treatment reports were provided from 02/07/2014 and 04/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 8mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine. The Expert Reviewer's decision rationale:Based on the 04/19/2014 progress report, the patient complains of having pain in her left lower extremity, her hip to her foot. The request is for buprenorphine 8 mg #150. MTUS Guidelines recommend buprenorphine "for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." In this case, the patient has needed more buprenorphine for her significant pain in her left shoulder. The patient takes buprenorphine 8 mg 5 times a day on a stable basis. "The patient states she has been taking up to 7 a day on her 'bad' days. The patient states that she has been having new pain into her left shoulder which is increasing her overall levels of pain. The patient states that she was taking buprenorphine 5/day in a stable fashion for her left leg prior to the development of the left shoulder pain. She notes significant pain relief (about 50%) from this medication. Denies side effects or constipation with the medications. The patient states that the medications enable her to carry out her activities of daily living and perform an exercise program." As stated in the diagnoses, the patient does have a problem with opioid dependence and is therefore taking buprenorphine. Recommendation is for authorization.