

Case Number:	CM14-0135059		
Date Assigned:	08/29/2014	Date of Injury:	03/02/2004
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 & Rehabilitation, 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:

The records, presented for review, indicate that this 45-year-old female was reportedly injured on March 2, 2004. The most recent progress note, dated July 17, 2014, indicated that there were ongoing complaints of pain, specifically in the tailbone. The pain was rated 7/10 at the time of the evaluation and averaged 6/10 over the preceding week. Without medication, the claimant's pain was reported to be 5/10. The physical examination revealed a 5'6" tall individual weighing 262.9 pounds, with a BMI of 42.5, BP of 116/80 and a pulse of 80. Diagnostic imaging studies included MRI imaging from August 2012, demonstrating at L5-S1, a 3 mm extruded disc fragment with annular tear and right paracentral component to disc protrusion and a right neural foraminal impingement and traversing of the exiting nerve root. Previous treatment included chronic pain treatment, surgical treatment, physical medicine, activity modification, and pharmacotherapy. A request had been made for Buprenorphine troches 4 mg #60 and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPRENOPRINE TROCHES 4MG #60: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records indicates there is a history of narcotic dependence, and that the requested medication has been utilized since January 2012. While there may be an indication for the use of this medication in this individual, the record does not provide the required documentation of objective evidence of pain relief, or functional gains with ongoing use of this medication. In the absence of such documentation, this request is not medically necessary.