

<b>Case Number:</b>	CM14-0137226		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/01/2007
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 54-years old female with an injury date on 05/01/2007. Based on the 07/09/2014 progress report provided by [REDACTED], the diagnoses are: 1.Long term use of medication 2.Carpal Tunnel Syndrome3.Epicondylitis lateralAccording to this report, the patient complains of chronic bilateral upper extremity pain. The patient starts utilizing Buprenorphine and is "tolerating this medication well." Under the objective findings, it indicates the patient was alert and oriented x3 and there were no sign of sedation. The physical exam findings was not including in this report. There were no other significant findings noted on this report. The utilization review denied the request on 08/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/12/2013 to 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 7/9/14) for Buprenorphine 0.1mg sublingual troches #60:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; Opioids for chronic pain Page(s): 60,.

**Decision rationale:** According to the 07/09/2014 report by [REDACTED] this patient presents with chronic bilateral upper extremity pain. The treater is requesting a retrospective request (DOS: 07/09/2014) for Buprenorphine 0.1 mg Sublingual Troches #60. The 06/24/2014 report indicates the patient was on Venlafaxine and had side effect of "drowsy during the day." Therefore, the treater started the patient on low dose of Buprenorphine 0.1 mg, one a day. The utilization review denial letter states "initial use of this medication did not decrease the patient's pain according to the note dated 07/09/2014." Butrans (Buprenorphine) is best applied in patients with a history of opioid addiction; this patient is not noted to have an opioid addiction. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, Retrospective request (DOS: 7/9/14) for Buprenorphine 0.1mg sublingual troches #60 is not medically necessary.