

Case Number:	CM14-0171646		
Date Assigned:	10/23/2014	Date of Injury:	02/05/1997
Decision Date:	11/21/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal 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:

The injured worker (IW) is a 54-year-old woman with a date of injury of December 2, 1997 to February 5, 1997. The mechanism of injury was not documented in the medical record. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 6, 2014, the IW was seen for a follow-up of her chronic industrial low back pain with radiation into the leg. She rates her pain 7/10 and describes it as constant, aching, sharp, and shooting. The IW has radiation down the right leg and her right leg gives out on her intermittently. Physical examination reveals normal gait. There is evidence of lumbar spasms noted on inspection. Tenderness is noted in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels. Extension of the lumbar spine is positive for back pain. Right lateral rotation of the lumbar spine is positive for back pain. Left lateral rotation of the lumbar spine is positive for back pain. Straight leg raise test is positive on the right with sharp pain to 2nd and 3rd toes. Sensation is diminished in the right lower extremity to cold sensation below the knee. Sensation is diminished in the L5 distribution. Diagnoses include: Lumbar disc disorder, opioid type dependence unspecified pattern of use, sprain and strain of sacroiliac, and piriformis syndrome. The IW states that her medications help her to tolerate pain and improve her inability to sit, stand walk and perform light household chores. Current medications include: Imitrex 100mg, Norco 10/325mg, Metformin 500mg, Glipizide ER 2.5mg, Buprenorphine 2mg SL 2 tablets BIS as needed #112, and Subutex 2mg SL 1 tablet QID as needed #112.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex 2mg per 10/08/14 PR2 #112: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88. Decision based on Non-MTUS Citation Pain (Chronic), Buprenorphine for chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Subutex, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a605002.html>

Decision rationale: Pursuant to Medline plus, Subutex (buprenorphine) 2mg sl #12 is not medically necessary. Subutex is used to treat opioid dependence (addiction to opioids drugs, including heroin and narcotic painkillers). It is a partial agonist-antagonist. Buprenorphine is usually taken once a day; around the same time every day. There is a long list of special precautions to be taken with Subutex. In this case, there was a dictated note dated October 6, 2014. The previously prescribed medications are Imitrex, metformin, glipizide, Norco 10/325 mg one tablet every six hours as needed for seven days #28, buprenorphine 2mg sl 2 tablets twice a day as needed for 28 days and Subutex 2mg sl tab 1 tablet four times a day as needed for 28 days. Subutex is normally taken once a day. The previously prescribed medications, Subutex and buprenorphine, are written at a frequency of four times a day. Additionally, there is no explanation as to the goal to be achieved while taking Subutex and buprenorphine along with Norco. Consequently, Subutex and buprenorphine are not medically necessary. Based on the clinical information in the medical record and the peer reviewed, evidence-based guidelines, Subutex 2mg sl #12 is not medically necessary.