

Case Number:	CM14-0175418		
Date Assigned:	10/28/2014	Date of Injury:	06/03/2001
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Practice 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:

48 year old female claimant sustained a work injury on 6/3/01 involving the legs and neck. She was diagnosed with Reflex Sympathetic Dystrophy (RSD), cervical spondylosis, tarsal tunnel syndrome and elbow pain. She had been on Buprenorphine for pain since at least February 2014. A progress note on 9/4/14 indicated the claimant had 4/10 left foot pain, muscle spasms, and joint tenderness. Exam findings noted a normal gait, posture and mood. The physician stated the Buprenorphine provides the claimant 50% pain relief and requested continuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL 8mg, quantity: 150 with 2 refills: Upheld

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

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

Decision rationale: According to the guidelines, Buprenorphine is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. In this case, there is no mention

of opioid addiction or need for opioid detoxification. The claimant had been on the medication for over 9 months. The continued use of Buprenorphine is not medically necessary.