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| Case Number: | CM14-0022099 | | |
| Date Assigned: | 05/09/2014 | Date of Injury: | 12/31/1999 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 02/21/2014 |

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 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 patient is a 57 year old male who was injured on 05/18/2000. The mechanism of injury is unknown. Prior treatment history has included Buprenorphine 8 mg tid, Lyrica 75 mg tid, Soma 350 mg tid and Prilosec 20 mg 1 daily. Diagnostic studies reviewed include MRI of the thoracic spine dated 06/19/2009 documenting developmental wedging versus healed chronic mild T11 vertebral body compression deformity, borderline central canal stenosis at T10-T11. There was no urine drugs screen submitted for review. PR-2 dated 12/18/2013 documented the patient stating his medications still work for him and he still needs them. He does not want to taper off his medication. He also complains of numbness in his legs and spasms. He complains of pain at T11 ribs. His pain has gotten better since his last visit. His average pain level day has been 6/10. His pain level before taking medications is 9/10 and after taking meds 5/10. His pain is aggravated by bending, twisting, lifting and activity. His pain is improved with medication, sleep, and avoiding strenuous activity. The UR report dated 02/12/2014 denied the request for Buprenorphine 8 mg. There is no documentation of significant functional benefit with the use of Buprenorphine. It appears that this request was previously modified to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPRENORPHINE 8MG, #90: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment guidelines recommend chronic opioid therapy when certain criteria have been met. Included in the criteria, the patient should receive analgesic benefit, improvement in ADLs, no aberrant behavior, and no significant adverse effects from opioid therapy. The clinical documents support that the patient meets these criteria. He has significant improvement in pain, is able to perform his ADLs, with no aberrant behaviors or side effects. He is in a pain contract and had a urine drug screen within the previous year. Based on the Chronic Pain Medical Treatment guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.