

Case Number:	CM14-0025659		
Date Assigned:	06/16/2014	Date of Injury:	12/31/1999
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neurosurgery, 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 is a 57-year-old who was reportedly injured on May 18, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 20, 2014, indicates that there are ongoing complaints of low back pain radiating to the legs. The injured employee's pain level was stated to be 9/10 without medications and 5/10 with medications. Current medications were stated to include Lyrica and Buprenorphine. The physical examination demonstrated decreased range of motion of the thoracic and lumbar spine. There was a normal neurological examination. Diagnoses were chronic low back pain, and a T spine compression fracture. Buprenorphine, Prilosec, and Lyrica were prescribed. A request had been made for Buprenorphine and was modified for weaning purposes in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPRENORPHINE 8 MG # 90, TO ALLOW THE PATIENT THIS ONE REFILL OF THE BUPRENORPHINE FOR THE PURPOSE OF WEANING TO DISCONTINUE, WITH A REDUCTION OF MED BY 10%-20% PER WEEK OVER A WEANING PERIOD OF 2-3 MONTHS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Buprenorphine for chronic pain.

Decision rationale: The medical record does state that the injured employee had significant pain improvement with pain medications however it is not stated that that specific improvement was attributed to Buprenorphine. It is the prescribers intention to wean the injured employee from this medication. As a recommendation for weaning was previously made and there is no longer a significant need to continue this medication, this request for weaning Buprenorphine is medically necessary. The request for Buprenorphine 8 mg, ninety count, to allow the patient this one refill of the buprenorphine for the purpose of weaning to discontinue, with a reduction of med by 10%-20% per week over a weaning period of two to three months, is medically necessary and appropriate.