

Case Number:	CM14-0047816		
Date Assigned:	06/25/2014	Date of Injury:	10/03/2008
Decision Date:	07/28/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family 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 58 year old female claimant sustained a work related injury on 10/3/08 involving the low back. She had a diagnosis of lumbar degenerative disc disease and radiculopathy. She had been on Norco and Percocet for pain management but had no relief. A progress note on 12/31/13 indicated she was subsequently changed to Buprenorphine 1mg a day and subsequently 2mg daily with no benefit. Gabapentin was added at bedtime to improve pain coverage. A progress note on 3/31/14 indicated the claimant had been on Buprenorphine 2 mg 4 times a day and Gabapentin 600mg at night. Pain response or subjective complaints were not noted and the medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphin 2mg #120: Upheld

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

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

Decision rationale: According to the MTUS guidelines, buprenorphine is recommended for treatment of opiate addiction and is also recommended as an option for chronic pain, especially

after detoxification in patients who have a history of opiate addiction. In this case, there is no indication of opioid addiction. No one opioid is found superior to another. The Buprenorphine use is not supported by the guidelines and therefore not medically necessary.