

Case Number:	CM14-0051271		
Date Assigned:	07/07/2014	Date of Injury:	06/03/2009
Decision Date:	08/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with a 6/3/09 date of injury. At the time (3/24/14) of request for authorization for Buprenorphine 0.1 mg #60 QTY: 60.00, there is documentation of subjective (chronic bilateral upper extremity pain with difficulty performing activities of daily living) and objective (tenderness to palpation over the cervical paraspinal and trapezius musculature bilaterally, trigger points in the bilateral trapezius muscles, decreased cervical range of motion, decreased bilateral shoulder range of motion, tenderness to palpation over the lateral epicondyles bilaterally, decreased sensation in the median and ulnar distributions, and decreased grip strength bilaterally) findings, current diagnoses (carpal tunnel syndrome, lumbago, ulnar nerve lesions, and psychogenic pain), and treatment to date (medications (Buprenorphine since at least 9/27/13 and ongoing therapy with Norco, Dilaudid, Flexeril, and Lyrica)). There is no documentation of opiate addiction and that the patient has a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and has previously been detoxified from other high-dose opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Buprenorphine for chronic pain.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of chronic pain in selected patients with a hyperalgesic component to pain; Patients with centrally mediated pain; Patients with neuropathic pain; Patients at high-risk of non-adherence with standard opioid maintenance; and For analgesia in patients who have previously been detoxified from other high-dose opioids, as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, lumbago, ulnar nerve lesions, and psychogenic pain. In addition, there is documentation of chronic pain. However, there is no documentation of opiate addiction and that the patient has a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and has previously been detoxified from other high-dose opioids. In addition, given documentation of ongoing treatment with Buprenorphine since at least 9/27/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Buprenorphine. Therefore, based on guidelines and a review of the evidence, the request for Buprenorphine 0.1 mg #60 is not medically necessary.