

Case Number:	CM14-0054002		
Date Assigned:	07/07/2014	Date of Injury:	01/11/2010
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/23/2014

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 Internal Medicine, has a subspecialty in Emergency 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:

This patient is a 28 year-old with a date of injury of 01/11/10. A progress report associated with the request for services, dated 03/14/14, identified subjective complaints of low back pain into the left leg. Objective findings did not include the low back. Higher neurological function was normal. The diagnoses included disorders of the sacrum; sciatica; and pain in the hip. Treatment had included oral and topical analgesics. A Utilization Review determination was rendered on 04/10/14 recommending non-certification of Buprenorphine 0.1 mg Sublingual Troches #90 for the Sacrum, Sciatica, and Pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1 mg Sublingual Troches #90 for the Sacrum, Sciatica, and Pelvis:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids, Criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain; Buprenorphine for Chronic Pain.

Decision rationale: Butrans Torches (buprenorphine) is an opioid analgesic being delivered sublingually. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy might benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Related to buprenorphine, they state that it is not first-line therapy for all patients. Suggested populations include:- Patients with a hyperanalgesic component to pain.- Patient with centrally mediated pain.- Patients with neuropathic pain.- Patients at high-risk of non-adherence with standard opioid maintenance.- Patients who have previously been detoxified from other high-dose opioids. Therapy with opioids appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate the medical necessity for Buprenorphine .01mg Sublingual troches #90 for the sacrum, sciatica and pelvis.