

Case Number:	CM14-0059780		
Date Assigned:	07/09/2014	Date of Injury:	02/15/2012
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/30/2014

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 Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 02/15/2012. The mechanism of injury was not specifically stated. The current diagnosis is lumbar disc displacement without myelopathy. The injured worker was evaluated on 04/22/2014. It is noted that the injured worker was scheduled for a lumbar epidural steroid injection on 04/29/2013. Previous lumbar epidural steroid injections were administered in 12/2013. The injured worker presented with complaints of persistent lower back pain with radiation into the bilateral lower extremities. Physical examination on that date revealed normal muscle tone in the bilateral upper extremities, an antalgic gait, no acute distress and negative edema and tenderness. The current medication regimen includes Relafen, Protonix, Topamax, Norflex, Effexor, morphine sulfate ER and buprenorphine. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 04/11/2014 for buprenorphine 0.25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25mg Sublingual Troches 1 tablet under the tongue 2x daily #30: Upheld

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

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

Decision rationale: California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker does not maintain a diagnosis of opiate addiction. There is no mention of a previous detoxification. As the medical necessity has not been established, the request cannot be determined as medically appropriate. It is also noted that the injured worker has continuously utilized this medication since 01/2014 without any evidence of objective functional improvement. As such, the request is non-certified.