

Case Number:	CM14-0072510		
Date Assigned:	07/16/2014	Date of Injury:	01/13/2006
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational 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:

Injured worker is a male with date of injury 1/13/2006. No clinical reports from the requesting physician were provided for review. Per utilization review report dated 5/2/2014, the mechanism of injury was lifting. The diagnosis was lumbar or lumbosacral disc degeneration, post laminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified. The injured worker underwent lumbar discectomy and fusion in August of 2007, permanent spinal cord stimulator (SCS) placement in November of 2009, and revision of SCS on 4/26/2012. The pain management note on 3/28/2014 noted low back and bilateral leg pain. The injured worker reported intermittent rib stimulation from the SCS, there was no stimulation felt on the left side from the SCS. Right side SCS lead was still functioning well and provides relief, the left side was not functioning at all. The claimant previously had chest discomfort and cardiac origin was ruled out. The claimant reported worsening of lumbar pain and left sciatic pain. The notes indicated that this is the same side where the SCS was not covering. A consultation recommended Lyrica outpatient weaning and Buprenorphine. The requesting physician does not think that the injured worker will tolerate outpatient weaning due to worsening pain and neurostimulator not functioning. X-rays of the thoracic spine dated 10/26/2013 indicated spinal cord leads pulled back from T7 to T8. The injured worker continued with opioid medication which provided improvement. The injured worker had tried Lyrica with no benefit, and resumed Gabapentin. The claimant had been able to discontinue Oxycodone and was on Buprenorphine, with reports of pain having increased. He was on very low dose of Buprenorphine and the plan was to increase dosage. He is requiring increasing opioid amounts. The plan was to request a SCS lead revision/removal, replacement if needed at the time of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 8 mg 1 tab 3 times a day, Quantity 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Buprenorphine Page(s): 25-26.

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

Decision rationale: The MTUS Guidelines recommend the use of buprenorphine for the 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 claims administrator recommended non-certification because the injured worker continued to be treated with Percocet and Buprenorphine with no discussion of replacing the Percocet with buprenorphine, and no discussion of opiate addiction. There was also discussion of increased buprenorphine use with SCS and Lyrica trial. The treatment plan is not clear as there are no medical reports from the requesting provider available for review, and therefore medical necessity of this medication cannot be verified. The request for Buprenorphine 8 mg 1 tab 3 times a day, Quantity 90 with 3 refills is determined to not be medically necessary.