

Case Number:	CM14-0077302		
Date Assigned:	07/18/2014	Date of Injury:	08/21/1987
Decision Date:	09/24/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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:

This patient is a 47 year-old female with date of injury 08/21/1987. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/28/2014, lists subjective complaints as low back pain with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles with spasm and guarding. Range of motion was limited to 70 degrees flexion and 25 degrees for extension. Straight leg test was negative bilaterally. Sensory exam revealed decreased strength in the right lower extremity. Diagnosis: 1. Postlaminectomy/fusion syndrome 2. Chronic pain syndrome 3. Mood adjustment disorder. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as one year. Medications: 1. Burprenorphine Hcl Sublingual 2mg #30, Qty 90 SIG: three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Burprenorphine Hcl Sublingual 2mg #30 QTY 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 27-28, 74-94.

Decision rationale: The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that Opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year in the medical record fails to document if she has return to work. The request is not medically necessary and appropriate.