

Case Number:	CM14-0087762		
Date Assigned:	07/23/2014	Date of Injury:	06/06/2002
Decision Date:	09/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 Texas. 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 52 year old female injured on 06/06/02 while attempting to lift a trash compactor resulting in an immediate onset of low back pain with numbness in the buttock radiating down to the knees and calves. The injured worker later developed neck pain. The injured worker underwent surgical fusion for spondylolisthesis of the lumbar spine with subsequent hardware removal secondary to concerns regarding pseudoarthrosis. Utilization review treatment appeal dated 06/09/14 indicated the injured worker continued to have chronic pain in her neck and low back with radiating pain in bilateral upper extremities, right greater than left. The injured worker continued to complain of low back pain radiating to the right lower extremity with utilization of cane and walker. The injured worker has had noted decreased activities of daily living requiring utilization of Buprenorphine 0.1mg sublingual which decreases pain from 10/10 approximately 20%. The injured worker reported with the use of medication she is able to ambulate. Documentation indicated the injured worker previously trialed Nucynta, Norco, Tramadol, Methadone, Naproxen, Norflex, Flexeril, and multiple other topical analgesics. The injured worker reporting previous Buprenorphine 0.25mg sublingual was discontinued secondary to dizziness and nausea. Current dose of 0.1mg tolerated without any side effects. Prior utilization review noted sub-therapeutic dosage. The initial request for Buprenorphine 0.1mg sublingual Torches #30 daily as needed for pain was initially non-certified on 05/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg, sublingual Troches, # 30, daily as needed for pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-57.

Decision rationale: As note on page 26 of the Chronic Pain Medical Treatment Guidelines, Butrans is recommended for treatment of opiate addiction and also as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Suggested injured worker populations include those with a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opioids. Documentation indicates the injured worker has trialed multiple medications with positive benefits from the use of Butrans. Functional improvement is noted with a low dose. As such, the request for Buprenorphine 0.1mg, sublingual Troches, #30, daily as needed for pain is recommended as medically necessary.