

Case Number:	CM13-0031790		
Date Assigned:	12/04/2013	Date of Injury:	11/07/2006
Decision Date:	02/10/2015	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old female with a work injury dated 11/7/06. The diagnoses include cervical disc displacement without myelopathy; neck pain; psychogenic pain; long term use of medications. The patient is status post left carpal tunnel release; right wrist excision of the trapezium and interpositional arthroplasty and right flexor carpi radialis tenodesis (2007); left thumb carpometacarpal arthroplasty. Under consideration are requests for Buprenorphine 2mg troches half tablet under the tongue every 12 hours; Qty:30. A 4/26/13 document states that the patient reports that Buprenorphine 0.25mg two tablets twice daily has been helpful to reduce some pain but that the patient feels that it is not enough to cover all of her pain. The treatment plan recommended increasing the Buprenorphine 0.25mg two tablets twice daily under tongue, then 3 times a day and then increase to four times a day as tolerated (quantity 240). The document state that if the patient does not feel that this is enough to cover her pain a different long acting medication may be tried. The patient was switched to Buprenorphine from Norco due to escalating her dose on Norco. A 7/15/13 progress note states that the patient had a consultation regarding her bilateral hand pain. She reports that with the left hand x-rays were performed and shows that there is a small avulsion fracture near the base of the left thumb. Surgery is recommended. Patient also reports that medications continue to help to reduce some pain and greater function. She is tolerating them well without side effects. On exam the patient is well-developed, well-nourished, and in no cardiorespiratory distress. Patient was cooperative. The patient's mood and affect were appropriate. There was no evidence of sedation. The patient was alert and oriented x 3 and there were no signs of sedation. Patient's gait was grossly normal and non-antalgic. Patient ambulated into the room without any Assistance. Current medications include Buprenorphine 0.25mg Sublingual Troches SIG: 2 tabs under tongue 3x/day then increase to 4x/day as tolerated. A 9/9/13 progress note states that the patient is currently taking

buprenorphine 2mg tablets and takes a half a tablet twice a day with some benefit. An 11/14/13 document states that the patient only takes buprenorphine intermittently. She states that when she does take it she only takes buprenorphine 2mg tablet. She states that she has only taken this a few times over the past weeks and does not find it helpful. She states that Tramadol and Norco seem to address her pain better. The treatment plan at this visit was to discontinue Buprenorphine HCl Sublingual as it was not helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 2mg Troches Half Tablet under the Tongue Every 12 Hours Qty: 30.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, On-Going Management Page(s): 26-27, 78-80.

Decision rationale: Per the MTUS Guidelines, Buprenorphine is recommended for treatment of opiate addiction and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation indicates that Buprenorphine is being utilized for the patient's chronic pain. The documentation is not clear that the patient has undergone detoxification for opiate addiction. Furthermore, the documentation does not reveal that Buprenorphine is effectively relieving the patient's pain or adding to her functional improvement. The request for Buprenorphine 2mg troches half tablet under the tongue every 12 hours, Qty: 30 is not medically necessary.