

<b>Case Number:</b>	CM14-0109855		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 40-year-old male with a date of injury of June 18, 2009. He had a fall resulting in injuries to his neck, back, and left elbow. His neck pain radiates to the upper extremities and the lower back pain radiates to the lower extremities. He underwent a cervical discectomy and fusion in 2011. On April 29, 2014 he had a bilateral lumbar epidural steroid injection which diminished his pain from a 7/10 to a 3/10. As a consequence he was able to stop his oral pain medication. The physical exam has revealed restricted lumbar range of motion with diminished sensation in the right L2-S1 dermatome regions. His motor strength is 5/5 the lower extremities. His straight leg raise test and is negative. There is tenderness to palpation centrally over the cervical spine above and below his levels of fusion. There is cervical muscular spasm and diminished cervical range of motion. There is diminished deep tendon reflex response in the right brachioradialis and right triceps region. The injured worker has a history of substance abuse. Previous urine drug screens have revealed the presence of cocaine and hence the decision was made to use Buprenorphine where opiates were needed. He had been started on Buprenorphine troches 0.1 mg twice daily and this was later increased to 0.25 mg 3 times daily. The injured worker has been fairly consistent in stating that the Buprenorphine does not help his pain. Pain levels are consistently rated at 8/10 with medication. Functionality scales are not included with the medical records for review. At issue is a request for Buprenorphine sublingual troches 0.25 mg #90 for date of service April 29, 2014. This request was previously denied by utilization review citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.25 mg sublingual troches, quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The guidelines referenced do support the use of Buprenorphine were opioids are needed when there is a history of substance abuse. However, those requiring long-term opioids should have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. In this instance, it is acknowledged that Buprenorphine would be the logical opioid choice for this injured worker. However, there is no evidence that the injured worker derives pain relief from Buprenorphine and there is no evidence which suggests greater functionality as a consequence of the medication. Therefore, the request for Buprenorphine 0.25 mg sublingual troches, quantity 90 is not medically necessary.