

Case Number:	CM14-0169416		
Date Assigned:	10/17/2014	Date of Injury:	04/25/2000
Decision Date:	01/02/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 51-year-old male with an injury date of 04/25/00. Based on the 07/01/14 progress report, the patient complains of low back pain radiating to buttocks. Patient states that the pain is "unpredictable, inexplicable, and quite debilitating." Patient states that Buprenorphine alleviates his pain and prevents him from ending up "going to the emergency room." Per physicians report dated 07/01/14, the patient states that his overall pain is better than 8 years ago. Physical examination to the lumbar spine revealed tenderness to palpation and spasm of the paraspinal muscles, and limited range of motion. Urine drug screening was done on 05/06/14, which showed negative for drug abuse or diversion, per physicians report dated 07/01/14. The physician states on report dated 07/01/14, that the reason for using Buprenorphine is "to maintain quality of life and improve individual functional capacity," and that "Buprenorphine compared to other opiates, improved overall patient's pain control." Per 08/30/14, patient was prescribed Buprenorphine since 2006. Surgery: Lumbar decompression and fusion times three, L4 to the sacrum in 2006 per 07/29/14 and 05/08/14 progress report. Diagnosis as of 07/01/14 include lumbosacral spondylosis without myelopathy, chronic pain syndrome, back pain, depression: Depressive disorder, neuralgia/neuritis unspecified and insomnia unspecified. The utilization review determination being challenged is dated 09/10/14. The rationale follows: 1) Buprenorphine HCL Sub 5/12/14, 7/8/14 8MG #180: "reports are lacking evidence of objective functional improvement with medication use and CA MTUS medication guidelines including a risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the claimant." 2) Buprenorphine HCL Sub 8/7/14, 8/14/14 8MG #180: "reports are lacking evidence of objective functional improvement with medication use and CA MTUS medication guidelines including a risk

assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the claimant." Treatment report were provided from 02/22/14 - 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL Sub 5/12/14, 7/8/14 8mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Use for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 78.

Decision rationale: Patient is status post back surgery (date unspecified) per physicians report dated 10/02/14. Patient's diagnosis dated 07/01/14 included lumbosacral spondylosis without myelopathy, chronic pain syndrome, back pain, and neuralgia/neuritis. Patient states that the pain is "unpredictable, inexplicable, and quite debilitating and that Buprenorphine alleviates his pain and prevents him from ending up "going to the emergency room." Per physicians report dated 07/01/14, urine drug screen was done on 05/06/14, and showed negative results for drug abuse or diversion. Per progress report dated 08/30/14, patient was prescribed Buprenorphine since 2006. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The physician also states in progress report dated 07/01/14, that the reason for using Buprenorphine is "to maintain quality of life and improve individual functional capacity," and that "Buprenorphine compared to other opiates, improved overall patient's pain control." While the physician talks in general terms about the efficacy of this medication, there is no specific documentation that there is analgesia with the use of before and after pain scales; there is no specific discussions regarding ADL's to understand significant improvement due to chronic opiate use; there is no documentation of side effects and there is no documentation of aberrant drug seeking behavior such as UDS's. The four A's are not addressed. Recommendation is for denial.

Buprenorphine HCL Sub 8/7/14, 8/14/14 8mg #180: Upheld

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Decision rationale: Patient is status post back surgery (date unspecified) per physicians report dated 10/02/14. Patient's diagnosis dated 07/01/14 included lumbosacral spondylosis without myelopathy, chronic pain syndrome, back pain, and neuralgia/neuritis. Patient states that the pain is "unpredictable, inexplicable, and quite debilitating and that Buprenorphine alleviates his pain and prevents him from ending up "going to the emergency room." Per physicians report dated 07/01/14, urine drug screen was done on 05/06/14, and showed negative results for drug abuse or diversion. Per progress report dated 08/30/14, patient was prescribed Buprenorphine since 2006. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The physician also states in progress report dated 07/01/14, that the reason for using Buprenorphine is "to maintain quality of life and improve individual functional capacity," and that "Buprenorphine compared to other opiates, improved overall patient's pain control." While the physician talks in general terms about the efficacy of this medication, there is no specific documentation that there is analgesia with the use of before and after pain scales; there is no specific discussions regarding ADL's to understand significant improvement due to chronic opiate use; there is no documentation of side effects and there is no documentation of aberrant drug seeking behavior such as UDS's. The four A's are not addressed. Recommendation is for denial.