

Case Number:	CM14-0182610		
Date Assigned:	11/07/2014	Date of Injury:	10/13/2013
Decision Date:	01/05/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 Tennessee. 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 54-year-old female who has submitted a claim for shoulder joint pain and right carpal tunnel syndrome associated with an industrial injury date of 10/13/2013. Medical records from 2014 were reviewed. The patient complained of chronic right shoulder and right upper extremity pain rated 8/10 in severity. She likewise reported numbness and throbbing sensation of the right shoulder. Alleviating factors included rest and medications. Physical examination of the right shoulder showed limited forward flexion at 90 degrees, positive impingement sign and normal motor strength. Treatment to date has included chiropractic care, acupuncture, physical therapy, bracing, Gabapentin and Buprenorphine (since August 2014). The utilization review from 10/14/2014 modified the request for Buprenorphine 0.1mg SL troches #30 into a one-month supply for the purpose of weaning because of no supporting evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg SL troches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Opioids, dosing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Buprenorphine Page(s): 26-27.

Decision rationale: Page 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, the patient has been taking sublingual buprenorphine as far back as August 2014. The patient reports pain relief with medication use. However, the indication for buprenorphine is not discussed. The guideline recommends the use of this medication for patients with opiate addiction which is not justified in this case. There is no urine drug testing result showing aberrant drug use based on the medical records submitted. The medical necessity has not been established. Therefore, the request for buprenorphine 0.1mg SL troches #3 is not medically necessary.