MAXIMUS Federal Services

Case Number:	CM14-0197021		
Date Assigned:	12/05/2014	Date of Injury:	05/25/1999
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine 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:

This is a 55 year ole male who sustained a work related injury on May 25, 1999. The mechanism of injury was not provided. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, lumbosacral radiculitis and degeneration of intervertebral disc. No surgical date was noted. Work status is not provided. Current documentation dated October 21, 2014 noted that the injured worker reported chronic bilateral low back pain with associated numbness and cramping of the lower extremities. Present pain level was two out of ten. The pain was noted to be constant and varied in intensity. Spasms of the low back were noted to be decreased. He ambulated with the assistance of a walking pole and had an antalgic gait, favoring the left. Prior treatment included pain management, hardware removal in 2012 and a left epidural steroid injection times two with sixty percent relief with the second injection. The injured worker also participated in a modified exercise program. Medications include Cyclobenzaprine, Gabapentin, Senna, Zofran and Buprenorphine. The treating physician requested Buprenorphine HCL 8 mg every eight hours by sublingual, # 90 with one refill for pain management in this injured worker who has a history of chronic opioid use. Utilization Review evaluated and modified the request for Buprenorphine on October 30, 2014. Utilization Review modified the request for Buprenorphine due to lack of documentation of significant functional gain by the use of the medication. The documentation is nonspecific with regards to prior opioid use and only indicates that the injured worker had only been treated with chronic opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphone HCL 8mg tab, 1 tab every 8 hours by Sublingual PRN #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

Decision rationale: The requested Buprenorphone HCL 8mg tab, 1 tab every 8hrs by sublingual prn #90 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has lower back pain. The treating physician has documented lumbar muscle spasm. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Buprenorphone HCL 8mg tab, 1 tab every 8 hours by sublingual prn #90 with 1 refill is not medically necessary.