

Case Number:	CM14-0197187		
Date Assigned:	12/05/2014	Date of Injury:	03/06/2006
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old female who was injured on 3/6/2006. She was diagnosed with thoracolumbar pain, lumbosacral spondylosis, lumbar radiculitis, and knee pain. She was treated with surgery (lumbar), multiple medications, physical therapy, and spinal cord stimulator. On 10/27/14, the worker was seen by her pain specialist reporting worsening quality of life and decreased level of activity, even with the use of her prescribed medications, which included Flexeril, Ultram, buprenorphine, and Gralise ER. She reported that the medications were less effective and she was experiencing more pain at her implanted pulse generator site. She requested that her stimulator be changed to a smaller size and in a different region. She was then recommended that to continue her medications as she was "stable," eat a healthy diet and continue her home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex 4 MG quantity (Qty) unspecified: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, she had used buprenorphine chronically leading up to this request for renewal. It is possible and likely that her pain increase and decreased function may have been due to her implanted device causing her trouble and not her medications failing her suddenly. However, the request for buprenorphine did not include a number of pills, which is required for any approval of a medication. Therefore, without a clearer request, the Subutex will be considered medically unnecessary until this is provided.