

Case Number:	CM14-0201987		
Date Assigned:	12/12/2014	Date of Injury:	09/01/2004
Decision Date:	01/31/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, 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 52 year old female with an injury date of 09/01/04. Based on the 08/21/14 progress report, the patient complains of right lower back symptoms. She rates her pain as a 5/10 and has pain with extension/rotation of the lumbar spine. She has tenderness to palpation over the L4-5 and L5-S1 facet joints, bilaterally. The 09/29/14 report states that she continues to have low back pain with radiation to buttocks and her hips. She has muscles spasms and continues to have problems sleeping due to pain. The patient has an antalgic gait which favors the left knee. The 10/23/14 report indicates that the patient has low back pain which radiates to her posterior thighs, but not reaching the knee. She rates her pain as a 4/10. The patient has tenderness to palpation over the facet joints and lumbar spine, bilaterally. She walks leaning forward with some favoring of the right leg. The patient is diagnosed with lumbar facet pain involving L4-5 and L5-S1. The utilization review determination being challenged is dated 11/08/14. Treatment reports were provided from 01/07/13- 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Buprenorphine 8mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Buprenorphine Page(s): 88-89, 78; 26-27.

Decision rationale: According to the 10/23/14 report, the patient presents with low back pain which radiates to her posterior thighs, but not reaching the knee. The request is for 1 prescription of Buprenorphine 8 mg #60. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, "patient should be assessed at each visit and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. For Buprenorphine, MTUS page 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. The 10/23/14 report states that the patient "clearly needs something to take for pain. Her Workman's Comp carrier is causing very poor pain relief and significant changes in blood levels and withdrawal symptoms with the interruptions and authorization issues. My experience is that with patients such as this do very well on Buprenorphine. I suspect that she could be maintain on 8 mg or less. It is quite functional and it is well within the guidelines for use on a long-term basis. It has been my experience that there is no tolerance with this drug, no cravings, and it is significantly safer for the patient and society than conventional opiates. I will request authorization for six months of Buprenorphine therapy 8 mg up to 16 mg q d #60." The 10/23/14 report indicates that the patient is currently taking Hydrocodone, Tramadol, Cymbalta, Hydromorphone, Valium, and Tizanidine. Based on review of the reports, it would appear that the treater has not been able to provide the opiates and the request is for a trial of Buprenorphine. Reports show that although Tramadol and Hydromorphone are listed opiates, there is lack of documentation of the four A's required for ongoing use of opiates. However, a trial of Buprenorphine may be appropriate given the patient's history of opiate use and to provide some analgesia. For on-going use of this medication, the treater will need to provide documentation of pain and functional improvement including the four A's going forward. The current request is medically necessary.