

Case Number:	CM14-0203400		
Date Assigned:	12/15/2014	Date of Injury:	06/03/2001
Decision Date:	02/05/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/05/2014

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 48-year old female with an injury date of 06/03/01. As per progress report dated 11/10/14, the patient suffers from pain in the left lower extremity, hip to foot. The sharp pain is rated at 4/10 and is stable with treatment. The patient also suffers from muscle spasms and swelling in the affected limbs, joint tenderness and stiffness in the left ankle and left hip. There is also hypersensitivity to touch in the affected limbs. The patient is also experiencing sleep issues, emotional stress, and mood problems secondary to the pain. Current medications, as per progress report dated 11/10/14, include Buprenorphine, Ibuprofen and Citalopram. The patient has also undergone tennis elbow procedure, carpal tunnel release, and tarsal tunnel release bilaterally (dates not provided), as per the same progress report. The patient has also been performing home exercises. The patient is not working, as per progress report dated 11/10/14. Diagnoses, 11/10/14:- Tarsal tunnel syndrome- Elbow and limb pain- Reflex sympathetic dystrophy of lower extremity- Degeneration of lumbar intervertebral disc- Opioid dependence. The physician is requesting for Buprenorphine Hcl 8 mg # 90 with 1 refill. The utilization review determination being challenged is dated 11/22/14. The UR has modified the request to Buprenorphine HCL 8 mg # 60. Treatment reports were provided from 04/29/14 - 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL 8mg #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Buprenorphine Page(s): 88-89, 76-78; 26-27.

Decision rationale: The patient presents with pain in the left lower extremity, hip to foot, as per progress report dated 11/10/14. The request is for Buprenorphine Hcl 8 Mg # 90 With 1 Refill. The sharp pain is rated at 4/10 and is stable with treatment, as per the same report. Regarding chronic opiate use, 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 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. In reference to Buprenorphine, MTUS p26, 27 supports it "as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The prescription for an opioid is first noted in progress report dated 04/29/14. The patient has consistently received the medication since then. Per progress report dated 11/10/14, the physician states that "The medication provides >50% pain relief, allows for improvement in function including ADLs and HEP/walking regimen, is being used appropriately according to instruction for use as well as per MTUS guidelines, and does not have significant side effects for the patient. The physician states that an opioid agreement has been signed and CURES report has been completed. Urine drug screen, dated 11/10/14, was positive for the prescribed medication but did not detect any illicit or unlisted drugs. Although the reports do not go into more details regarding ADL's, there appears to be adequate documentation of the four A's, and the patient has a diagnosis of opioid dependence for which this medication may be appropriate. The request is medically necessary.