

Case Number:	CM14-0210540		
Date Assigned:	12/23/2014	Date of Injury:	07/17/2002
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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 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 55 year-old patient sustained an injury to her back on 7/17/2002 from reaching over to push a box while employed by [REDACTED]. Request(s) under consideration include Buprenorphine HCL sublingual 8mg #60 with 5 refills. Diagnoses include failed back surgery syndrome; chronic lumbar backache/ left lower extremity radiculopathy; and myofascial strain. Conservative care has included medications, therapy, and modified activities/rest. Medications list Norco, Fentanyl patch 75mcg/hr., Clonazepam, Buprenorphine, and Tizanidine. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/9/14 from the provider noted continued pain complaints. Exam showed unchanged findings of axial pain with SI joint arthropathy, painful restricted lumbar range in all planes with movements with intact DTRs, sensation and motor strength throughout bilateral lower extremities. The provider noted attempt at reducing dependence on opioid medications of Norco and Fentanyl patches without concern for drug diversion or addiction. The request(s) for Buprenorphine HCL sublingual 8mg #60 with 5 refills was modified for weaning on 11/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL sublingual 8mg #60 with 5 refills: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain, Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Review of available reports has no indication rationale or documented opioid addiction/dependency. Buprenorphine has one of the most high profile side effects of a scheduled III medication such as CNS & respiratory depression, dependency, hepatitis/hepatic event with recommended abstinence from illicit use of ETOH and benzodiazepine of which the patient is prescribed a Benzodiazepine. There is no mention the patient was intolerable to other medication use. The risk of serious side effects (such as slow/shallow breathing, severe drowsiness/dizziness) may be increased if this medication is used with other products that may also affect breathing or cause drowsiness along with prescribed psychiatric medicines. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the medication nor is there any recent urine drug screening results in accordance to pain contract needed in this case without sufficient monitoring of narcotic safety, efficacy, and compliance for chronic injury of 2002. The Buprenorphine HCL sublingual 8mg #60 with 5 refills is not medically necessary and appropriate.