

<b>Case Number:</b>	CM14-0211268		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 Practice 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:

41 yr. old male claimant sustained a work injury on 11/19/13 involving the low back. He was diagnosed with lumbar stenosis and sciatica. He was diagnosed with rheumatoid arthritis as a child. He had been on Tramadol and Suboxone in the past. He undergone physical therapy. An MRI in 3/11/14 indicated an annular disc bulge in L5-S1. A progress note on 12/19/14 indicated the claimant had continued pain in the low back. The medications helped reduce the pain by 30-50%. Exam findings were unremarkable. He uses one Buprenorphine 4 times daily to allow him to function better. Without medications he is " stuck" in bed. The physician continued the claimant on Buprenorphine along with Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine HCL sublingual 2mg #120 QID under tongue 4x a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 78.

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

**Decision rationale:** Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a

history of opiate addiction. In this case, there is no mention of addiction or prior detoxification history that would support the use of Buprenorphine; therefore, it is not medically necessary.