

Case Number:	CM15-0002779		
Date Assigned:	01/13/2015	Date of Injury:	08/21/1987
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 47-year-old female who reported an injury on 08/21/1987. The mechanism of injury was not stated. The current diagnoses include lumbar postlaminectomy syndrome and chronic pain. It is noted that the injured worker is status post L5-S1 fusion in 2006. The injured worker presented on 11/14/2014 with complaints of low back pain radiating into the bilateral lower extremities. The injured worker noted a gradual worsening of symptoms with colder weather. Upon examination, there was an antalgic gait, tenderness to palpation at the lumbosacral junction with associated muscle tension, decreased lumbar flexion by 40%, decreased lumbar extension and rotation by 30%, and decreased motor strength in the right lower extremity. The current medication regimen includes buprenorphine 2 mg, Effexor ER 37.5 mg, Flexeril 7.5 mg, Lyrica 50 mg, and doxepin 3.3% cream. Recommendations included 6 sessions of physical therapy, 12 sessions of acupuncture, and continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCl sublingual 2mg #30 one or more refills for purpose of weaning to discontinue over period of 2-3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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

Decision rationale: California MTUS Guidelines recommend buprenorphine for treatment of opioid addiction. It is also recommended as an option for chronic pain after detoxification. The injured worker does not meet the above-mentioned criteria for the use of buprenorphine. While the current request indicates that the buprenorphine HCl sublingual 2 mg will be used for weaning purposes, the injured worker has continuously utilized the above medication since 07/2014. Therefore, the medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.