

Case Number:	CM15-0005508		
Date Assigned:	01/16/2015	Date of Injury:	06/06/2002
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 45-year-old male who reported injury on 06/06/2002. The mechanism of injury was the injured worker was lifting a bundle of boxes and injured his back. The injured worker was noted to be utilizing the medications lorazepam and buprenorphine as of at least 06/2014. Prior diagnostic studies were not provided. The injured worker was noted to undergo 3 lumbar fusions previously. The injured worker was noted to undergo urine drug screens. The injured worker was noted to be CURES appropriate. The documentation on 12/02/2014 revealed the injured worker was utilizing buprenorphine 2 mg 1 tablet up to 4 times per day as needed for back pain, Zoloft 100 mg once a day for depression and anxiety, and lorazepam 2 mg 1 up to twice a day as needed for anxiety. Additionally, the procedure was noted to be a Botox injection of 200 units. The injured worker had efficacy of Botox. The documentation indicated the injured worker experienced chronic low back pain and required ongoing pain management. The pain was from an 8/10 to 9/10 without medications and with medications was down to a 2/10 to 3/10. The injured worker was noted to be able to perform activities of daily living and care for his family when using his medications. The documentation indicated the injured worker was detoxed in the past for buprenorphine about 6 years previously from opioids to buprenorphine. The physician documented the injured worker was on the lowest dosage he could function on. The injured worker had tried without the medication and had severe loss of function. Additionally, the injured worker had trialed Xanax for over 2 months and was using an average of 1 per day, and the recommendation was made for a continuation. There was a Request for Authorization submitted for review dated 12/02/2014. The documentation of 01/26/2015

revealed the injured worker had chronic pain in his lumbar spine which radiated to the legs and had headaches associated with chronic pain. The injured worker started to drink since he was unable to get his medications, per the physician documentation. The physician opined the injured worker was in acute distress and was depressed and did not show any signs of intoxication or withdrawal. No pain behaviors were observed. The physical examination revealed spinous process tenderness at L1, L2, L3, L4, and L5. Straight leg raise was positive on the right in sitting. The Faber's test was positive. The injured worker had tenderness over the sacroiliac joint on the bilateral sides. The diagnoses included lumbar postlaminectomy, lumbar radiculitis, and chronic migraine without aura without mention of intractable migraine or status migrainosus. The treatment plan included Botox, Zoloft, lorazepam, and buprenorphine. The injured worker was noted to receive a denial letter for the above medications. The request was made for Opana ER for medical necessity due to chronic low back pain and the requirement of ongoing pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 2mg #120 refills 2 QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009 Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Medications for Chronic pain, ongoing management, opioid dosing, Page(s): 26,60,7.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend buprenorphine for the treatment of opioid addiction. It is also recommended as an option for chronic pain after a detoxification in injured workers who have a history of opioid addiction. Additionally, there should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication after detoxing. There was documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, this medication is not appropriate for refills without re-evaluation. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Buprenorphine 2mg #120 refills 2 QTY: 360.00 is not medically necessary.

Lorazepam 2mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 07/18/2009 Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Guidelines do not recommend the use of benzodiazepines as a treatment for injured workers with chronic pain for longer than 4 weeks due to the high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lorazepam 2mg QTY: 60.00 is not medically necessary.