

Case Number:	CM15-0101036		
Date Assigned:	06/03/2015	Date of Injury:	08/21/1987
Decision Date:	07/09/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48-year-old female, who sustained an industrial injury on 8/21/1987. Diagnoses include long-term use meds NEC, and lumbar post laminectomy syndrome status post fusion L5-S1. Treatment to date has included psychological care, functional restoration program, medications including Cymbalta, Gabapentin, medical Marijuana, Cyclobenzaprine and Buprenorphine, and home exercise. Per the Primary Treating Physician's Progress Report dated 4/10/2015, the injured worker reported back pain radiating into the right greater than left lower extremity. Physical examination of the lumbar spine revealed sensation decreased in the dermatomes L3, L4 right L5 right and S1. Straight leg raise was positive on the right. Spasm and guarding were noted. There were right paraspinous lumbar trigger points present. The plan of care included medications and authorization was requested for Buprenorphine 2mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 2mg QTY 60: 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) Online Version, weaning opioids.

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

Decision rationale: Butrans patch contains buprenorphine. Buprenorphine is recommended by the MTUS Guidelines for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker has been taking buprenorphine for an extended period without significant decrease in pain or increase in function. Additionally, this medication has been approved in a previous review for weaning purposes only. The request for Buprenorphine 2mg QTY 60 is determined to not be medically necessary.