

Case Number:	CM15-0131555		
Date Assigned:	07/20/2015	Date of Injury:	06/23/2014
Decision Date:	08/14/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: Connecticut, California, Virginia
 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 51 year old female, who sustained an industrial injury on 6/23/14. Initial complaint was of right ankle pain. The injured worker was diagnosed as having sprain/strain ankle deltoid; sprain/strain ankle NEC. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right ankle (9/28/14). Currently, the PR-2 notes dated 6/2/15 indicated the injured worker is in this office for a follow-up of her right ankle pain and swelling. This is her first follow-up since her initial consultation on 3/30/15. She reports she is a status post right ankle surgery (no date or operative record). She complains of pain in the right ankle and it is constant throughout the day. The pain is made worse by standing, walking, and walking up steps. Resting and taking medications makes the pain better. She complains of depression and anxiety. She states the buprenorphine prescribed at her initial consultation was ineffective in relieving her pain and denied any side effects. She reports Gabapentin one tablet allowed her to sleep but caused dizziness and drowsiness the next day. The provider documents a physical examination noting she has an antalgic gait. He notes no swelling observed in any extremity. There is tenderness to palpation of the right lateral ankle. Muscle tone is normal in all extremities without atrophy. He notes a surgical scar that is well-healed on the right lateral ankle. She has been seen by another provider and to date had not received any prior treatment records. A MRI of the right ankle was done on 9/28/14 and documented by the provider indicating a deficient anterior talofibular ligament and a sprained deep component of the deltoid ligament and an inflammatory signal in the spring ligament complex and posterior tibial tendinosis and tenosynovitis. There was also some posterior recess effusion. His treatment plan documents the

Buprenorphine at 0.1 mg three times a day was not sufficient in relieving her pain. He is increasing this to 0.25mg twice a day and will monitor her response. Regarding the Gabapentin, he instructed the injured worker to take only a ½ tablet at bedtime to see if this helps alleviate her neuropathic pain and will monitor her response to this change in her medication regime. The provider is requesting authorization of Buprenorphine 0.25mg #60 for date of service 4/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine .25mg 1 BID #60: Overturned

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 Page(s): 26-27.

Decision rationale: The MTUS states that Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain (the receptor that is thought to produce alterations in the perception of pain, including emotional response). Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. In this case it appears that the patient is initially failed 0.1 mg dosing, but was getting good relief from increased dosing. It was then noted that pain relief was unsuccessful, and the medication was appropriately discontinued. Based on the provided records, the retrospective request for buprenorphine to cover the period of time that it was effective is reasonable, and therefore the request is considered medically necessary.