

Case Number:	CM15-0131559		
Date Assigned:	07/17/2015	Date of Injury:	09/16/2007
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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
 Certification(s)/Specialty: Emergency 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 41 year old female, who sustained an industrial injury on September 16, 2007. She reported low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, neck pain, pain in joint shoulder and pain in limb. Treatment to date has included diagnostic studies, surgery, injection, physical therapy and medications. On May 20, 2015, the injured worker complained of neck and low back pain with radiation into the lower extremities, increasing hip pain, pain in the neck and right upper extremity to the hand and pain into the right chest. She also reported issues with urinary frequency and incontinence. A left hip cortisone injection provided 80% reduction in hip pain for two days. Her buprenorphine was noted to help decrease her pain and allows her to perform her daily activities of living. The treatment plan included possible joint injection, possible sacroiliac fusion, surgical follow-up, hand therapy, exercise, buprenorphine and a follow-up visit. On June 22, 2015, Utilization Review non-certified the request for Buprenorphine 0.25 mg sublingual torches #90 no refills, citing California MTUS Guidelines. A letter of appeal concerning denial dated 7/24/15 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25mg sublingual torches #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Buprenorphine for chronic pain.

Decision rationale: MTUS Chronic pain guidelines was reviewed for application concerning opioid therapy. MTUS Chronic pain guidelines concerning buprenorphine mostly deals with opioid addiction. Buprenorphine is an opioid agonist. Patient has chronically been on an opioid pain medication and was weaned off from other opioids to Buprenorphine. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation from letter of appear meets criteria to recommend prescription. Pt has documentation of modest improvement in pain and function. While there was a single Urine drug screen that was inconsistent, all others were consistent in the past. Provider has documented appropriate monitoring of abuse and side effects. Buprenorphine has lower risk for abuse compared to other opioids. Documentation meets criteria. Continued use of buprenorphine is medically necessary.