

<b>Case Number:</b>	CM15-0132443		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 30 year old female, who sustained an industrial injury on 8/4/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having long term medication use, lumbar disc displacement without myelopathy, sciatica and sacrum disorders. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/21/2015, the injured worker complains of low back pain with radicular symptoms, rated 8/10 and decreased ability to function. Physical examination showed an antalgic gait. The treating physician is requesting Venlafaxine Hcl ER 37.5 #120 and Buprenorphine 2 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for Buprenorphine 2mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant has been on the Butrans for several months with subsequent use of Morphine indicating no intention for managing addiction or detoxification. As a result, the use of Butrans patches is not medically necessary.

**One (1) prescription of Venlafaxine hcl ER 37.5mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg 16.

**Decision rationale:** According to the guidelines, Venlafaxine is an antidepressant indicated for depression and PTSD. In this case the claimant was using it for anxiety and depression for which it provided 30% relief. In this case, there was documentation for benefit and no noted findings for lack of necessity. Its use is appropriate and medically necessary.