

Case Number:	CM15-0134436		
Date Assigned:	07/22/2015	Date of Injury:	05/11/2011
Decision Date:	08/18/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on 5/11/2011 resulting in low back and right shoulder pain. He is diagnosed with right shoulder joint pain and lumbar disc displacement without myelopathy. Documented treatment has included two unspecified surgeries on his right shoulder, chiropractic care, physical therapy, H-wave, and TENS unit, all reported as not providing relief. He states that medication helps with pain and his ability to function. The injured worker continues to report chronic low back and right shoulder pain that becomes worse with increased activity. The treating physician's plan of care includes Buprenorphine 0.1 sublingual troches. He is not presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg Sublingual Torches #60: Upheld

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) Pain section, Buprenorphine (Butrans).

Decision rationale: Pursuant to the Official Disability Guidelines, Buprenorphine 0.1 mg sublingual Troches #60 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured workers working diagnoses are pain in joint shoulder; and lumbar disc displacement without myelopathy. The date of injury is May 11, 2011. The request for authorization is June 24, 2015. According to progress note (pain management) dated April 17, 2015 the injured worker has multiple subjective complaints including headache, neck, shoulder, bilateral upper extremity and back pain that radiates to the left lower extremity. The injured worker was taking hydrocodone one tablet per day. No additional opiates are listed in the medical record. The treatment plan states buprenorphine was prescribed in an effort to eliminate the chronic use of Tylenol. According to a May 1, 2015 progress note, there was no subjective improvement with the initial change to buprenorphine. The injured worker presented for evaluation of low back pain and right shoulder pain. Physical examination, however, was negative. There was no clinical documentation demonstrating objective functional improvement to support ongoing buprenorphine. There was no documentation the injured worker was at high risk of non-adherence with standard opiate maintenance. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Buprenorphine 0.1 mg sublingual Troches #60 is not medically necessary.