

<b>Case Number:</b>	CM15-0134635		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey

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 49-year-old female injured worker suffered an industrial injury on 3/21/2011. The diagnoses included reflex sympathetic dystrophy, carpal tunnel syndrome with release, bilateral epicondylitis with surgery and ulnar decompression. The diagnostics included electromyographic studies. The treatment included medications, nerve blocks and surgery. On 6/8/2015, the treating provider reported right upper extremity pain with neck pain rated 10/10. She reported right elbow swelling and difficulty cleaning and repetitive use of the right upper extremity. The medications calmed her pain down with no side effects. It was not clear if the injured worker had returned to work. The requested treatments included retrospective Buprenorphine 0.1mg sublingual troches #30 pc, #120 DOS: 6/8/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Buprenorphine 0.1mg sublingual troches #30 pc, #120 DOS: 6/8/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, pg. 26-27, Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Buprenorphine.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS Chronic Pain Treatment Guidelines also state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, although there is no specific contraindication to using buprenorphine in lower doses as was prescribed to this worker. However, upon review of the notes provided, there was insufficient record of measurable benefit to warrant continuation of this medication. Although the provider notes repeatedly that the buprenorphine 0.1 mg three times daily "does calm her pain down and allow her to focus on other aspects of her life besides pain." However, specific functional gains and measurable pain level reductions were not included in these reports, which are required to help justify its continuation. Therefore, this request for continued buprenorphine at the requested dose will not be considered medically necessary at this time without this supportive data.