

<b>Case Number:</b>	CM15-0136106		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: 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 45 year old male who sustained an industrial injury on 1/20/2014. Diagnoses include pain in joint lower leg and psychogenic pain NEC. Treatment to date has included surgical intervention (arthroscopic surgery of the left knee) and medications. Per the Primary Treating Physician's Progress Report dated 6/04/2015, the injured worker reported bilateral knee pain, right greater than left. Physical examination of the right knee revealed joint line tenderness and medial collateral ligament laxity but not erythema, effusion or abrasion. The plan of care included medication management and authorization was requested for buprenorphine 0.1mg sublingual. A subsequent provider's progress note dated 7/6/2015 noted the patient did not note any benefit when using buprenorphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.1mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Buprenorphine, Medications for chronic pain, Opioids Page(s): 26-7, 60-1, 74-96.

**Decision rationale:** Buprenorphine (Subutex) is a semisynthetic opioid derivative with mixed agonist-antagonist opioid properties. It is used to treat opioid addiction in higher dosages, to control moderate acute pain in non-opioid-tolerant individuals in lower dosages and to control moderate chronic pain in even smaller doses. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. This patient has had an ample trial of this medication, however, the medication does not lessen the patient's pain. At this point in the care of this patient, medical necessity for continued use of this medication has not been established.