

<b>Case Number:</b>	CM15-0137090		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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 54 year-old female who sustained an industrial injury on 10/21/2014. She has reported injury to the neck, right shoulder, right wrist, and low back. The diagnoses have included strain of neck; pain in joint shoulder status post right shoulder surgery on 11/07/2014; and carpal tunnel syndrome. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Gabapentin, Valium, Anaprox, Flexeril, and Buprenorphine sublingual troches. A progress report from the treating physician, dated 06/11/2015, documented a follow-up visit with the injured worker. The provider's progress note dated 6/11/2015 reported the injured worker complained of neck and back pain; the neck pain radiated into her bilateral upper extremities, particularly into her right cervicobrachial region; pain was made worse with extended periods of typing, as she had been using the computer more at work; she was working long hours, sometimes up to 12 hours per shift, which did exacerbate her pain; pain was made better with rest and medication; she continued to utilize Buprenorphine as needed for pain, Naproxen as an anti-inflammatory, as well as Flexeril for muscle spasms. The medications provided the functional benefit of decreasing her pain enough to allow her to work full-time. Objective findings included no edema or tenderness palpated in any extremity; normal muscle tone without atrophy in the bilateral upper extremities and bilateral lower extremities; 5/5 strength is noted in the right and left upper extremities; and well-healed arthroscopic surgical scars at the right shoulder. The treatment plan has included the request for Buprenorphine 0.1mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Buprenorphine 0.1mg #60: Overturned**

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

**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 semi-synthetic 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. There is documentation that the provider is following these recommendations. This patient has been stable on the current dose of this medication, the medication does lessen the patient's pain and the patient has failed first-line medication for chronic pain. There is annotation in the notes of no aberrant drug-seeking behaviors and a urine drug screen is pending. However, there is no documentation of a patient opioid use contract. Given all the above information, medical necessity for continued use of this medication has been established.