MAXIMUS Federal Services

Case Number:	CM15-0137186		
Date Assigned:	07/27/2015	Date of Injury:	05/04/2010
Decision Date:	09/17/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	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: Connecticut, California, Virginia
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 42-year-old female, who sustained an industrial injury on 5/4/2010. She reported cumulative trauma to the bilateral upper extremities. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, status post carpal tunnel release with revision carpal tunnel release on the left hand side, bilateral epicondylitis status post left common extensor tendon release, bilateral medial epicondylitis, subclinical bilateral cubital tunnel syndrome, and myofascial pain syndrome, cervical spine, bilateral cervicobrachial regions, and thoracic spine. Treatment to date has included medications, thumb surgery, corticosteroid injections, carpal tunnel release bilaterally, electrodiagnostic studies, psychological treatment, and cognitive behavioral therapy. The request is for Buprenorphine. On 4/27/2015, she complained of pain to the head, neck, bilateral cervicobrachial, thoracic spine, and bilateral upper extremities. She also complained of numbness and tingling. The treatment plan included: carpal tunnel release surgery and functional restoration program. On 6/8/2015, she complained of chronic head, neck, mid back and cervical brachial pain. She rated her pain on average as 6/10, and indicated with activity it increased to 8-9/10. She reported trying to work out at the gym, which aggravates her pain, and activities of daily living aggravate her pain. She is not working. Her current medications are listed as: Celexa. The treatment plan included: functional restoration program, right carpal tunnel release surgery, start Buprenorphine after the surgery. On 7/6/2015, she complained of chronic head, neck, and cervical brachial and thoracic pain. She reported having had right carpal tunnel revision surgery on 6/20/2015 and she will be starting physical therapy.

She indicated she had been weaned off Norco but continues to have residual pain. She is prescribed Buprenorphine sublingual.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. In this case, it appears that utilization review modified the request to #60 in order to facilitate updated patient safety/risk assessment conditions. The decision to modify per UR appears reasonable, and therefore the initial request is not considered medically necessary.