MAXIMUS Federal Services

Case Number:	CM15-0138264		
Date Assigned:	07/28/2015	Date of Injury:	05/27/2008
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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, North Carolina
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 injured worker (IW) is a 49-year-old male who sustained an industrial injury 05/27/2008. Diagnoses/impressions include cervical spondylosis without myelopathy and pain in joint, shoulder--status post left shoulder arthroscopy x 3. Treatment to date has included medications, physical therapy, shoulder surgeries, functional restoration program, acupuncture and home exercise program. According to the progress notes dated 6/1/15, the IW reported left shoulder pain that gets worse with any activity that required the use of the left arm. He complained of intermittent numbness of the left hand. Rest and medications improved his pain. The Buprenorphine decreased his pain by 50%, allowing him to use his left arm more frequently and perform his activities of daily living with less pain. He stated he ran out of Buprenorphine 7 to 10 days earlier and did not receive the new prescription, so he took Morphine from his previous prescription for severe pain to avoid going to the emergency room. On examination, muscle tone was normal in all extremities without atrophy. A request was made for Buprenorphine 0.1mg #90 for pain and urine toxicology to assess for aberrant drug behaviors.

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.

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

Decision rationale: CA MTUS Guidelines state buprenorphine is recommended for opioid addiction and as an option for chronic pain, especially after detox in patients who have an opioid addiction. In this case, continuation of this medication is not warranted. The patient is not addicted to opioids. He reports a 50% pain reduction with buprenorphine, however experienced the side effect of sedation. In addition, functional improvement was not specified other than there was some improvement in performing ADL's. Therefore this request is deemed not medically necessary.

1 urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: CA MTUS recommends drug testing as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs. If the patient is low risk, then an initial UDS within 6 months of starting the opioid is recommended, followed by an annual UDS. In this case the patient just had a UDS on 6/01/2015 which was consistent. He is low risk for abuse/misuse. Therefore it is not medically necessary or appropriate to perform another UDS at this time.