MAXIMUS Federal Services

Case Number:	CM15-0138416		
Date Assigned:	07/28/2015	Date of Injury:	03/15/2002
Decision Date:	08/25/2015	UR Denial Date:	06/22/2015
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: Texas, Florida, 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 60-year-old female, who sustained an industrial injury on 03/15/2002. She has reported injury to the neck and low back. The diagnoses have included cervical post-laminectomy syndrome; lumbar post-laminectomy syndrome; status post left knee arthroscopy; opioid dependence; and chronic pain syndrome. Treatment to date has included medications, diagnostics, cervical collar, physical therapy, home exercise program, functional restoration program, and surgical intervention. Medications have included Oxycodone, OxyContin, Buprenorphine, Flexeril, Xanax, Paxil, and Ambien. A progress report from the treating physician, dated 06/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral neck pain which is worsening with treatment; the pain is constant and the quality is burning and numbness; associated symptoms include bilateral lower extremity weakness, numbness, tingling, interference with sleep, she feels depressed and anxious, and has muscle spasms throughout her body; alleviating factors include medication; she is taking buprenorphine and she is able to carry out her activities of daily living and exercise regimen; this is the only medication that manages her pain and does not make her feel cognitively impaired; it improves her quality of life and allows her to go the gym regularly; she has tried to reduce the buprenorphine in the past without success as she experiences an increase in pain and anxiety due to the pain; she has fallen several times since her last appointment; she notes that the falling is due to giving out of the left knee and numbness of the right leg; she notes left foot dropping; she is now having pain in the right knee. Objective findings included no acute distress; allodynia noted within the lower extremity on left side; depressed; forward flexed body posture; and she has made enormous changes and exhibited great functional gains during the functional restoration program and was able to independently manage her pain and engage in self-care activities after the program. The treatment plan has included the request for buprenorphine 8mg Naloxone 2mg sublingual quantity: 120 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 8mg Naloxone 2mg Sublingual Qty: 120.00 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 27 of 127.

Decision rationale: This claimant was injured in 2002 with reported injury to the neck and low back. The diagnoses have included cervical post-laminectomy syndrome; lumbar post-laminectomy syndrome; status post left knee arthroscopy; opioid dependence; and chronic pain syndrome. Treatment to date has included medications including Oxycodone, OxyContin, Buprenorphine, Flexeril, Xanax, Paxil, and Ambien. As of June 11, 2015, there is still bilateral neck pain which is worsening, not improving, with treatment. The MTUS notes this medicine Buprenorphine; is recommended for treatment of opiate addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no information of opiate addiction, or it is being used post detoxification. Moreover, the records attest there is no improvement with it. The Naloxone component is used for opiate addiction, which is not evidence from the records provided. The request does not meet MTUS criteria for the use of this special opiate medication, and it was appropriately non-certified, therefore not medically necessary.