MAXIMUS Federal Services

Case Number:	CM15-0139359		
Date Assigned:	08/07/2015	Date of Injury:	09/15/2013
Decision Date:	09/17/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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: New York
Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on 9-15-2013. The mechanism of injury is not described. The current diagnoses are lumbosacral spondylosis, joint pain in the lower leg, and long-term use of medications. According to the progress report dated 6-9-2015, the injured worker complains of persistent low back pain with radiation down her bilateral lower extremities. Additionally, she reports persistent bilateral knee pain. She reports that the medications do help reduce her pain and allow for better function. The level of pain is not rated. The physical examination of the lumbar spine reveals antalgic gait, tenderness to palpation over the lumbosacral junction, and restricted range of motion. The current medications are Diclofenac, Ketamine cream, Flexeril, Buprenorphine, Valium, and Magnesium. Urine drug screen from 4-28-2015 was inconsistent with prescribed medications; Buprenorphine was not detected. There is documentation of ongoing treatment with Buprenorphine since at least 10-23- 2014. Treatment to date has included medication management. Work status is described as permanent and stationary. A request for Buprenorphine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 1mg sublingual #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Buprenorphine is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. It is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. In addition, Buprenorphine is recommended for treatment of opiate addiction. As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, long term usage of opioids is discouraged unless there is "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The submitted documentation showed no significant improvement in pain or functional status with the use of Buprenorphine. Therefore, the request for authorization of Buprenorphine is not medically necessary.