MAXIMUS Federal Services

Case Number:	CM15-0139521		
Date Assigned:	07/29/2015	Date of Injury:	11/18/1999
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 11/18/99. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, pain in joint lower leg, lumbar post laminectomy syndrome, osteoarthritis of the knee, cervical post laminectomy syndrome, migraine, pain in joint of shoulder region, and opioid dependence. Treatment to date has included medications, activity modifications, diagnostics, injections, surgery, physical therapy, acupuncture, chair yoga, aqua therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 6/12/15, the injured worker complains of increased back pain, migraines and neck pain. She reports falling since the last visit with going to the emergency room. She reports she is not able to kneel and her knee continues to buckle. The current pain medications included Buprenorphine, Cymbalta, Naproxen and Tizanidine. The urine drug screen dated 10/10/14 was consistent with the medications prescribed. The physical exam reveals that she is overweight, she has antalgic gait favoring the left, she uses a cane for ambulation and she has forward flexed body posture. The physician notes that she is able to manage her pain with use of her medications, which allow her to perform her activities of daily living (ADL) as well as her home exercise program (HEP) and walking. The physician requested treatment included Prescription of Buprenorphine 4 mg #150 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Buprenorphine 4 mg #150 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine, And Weaning of Medications Page(s): 74-95, pages 26-27, page 124.

Decision rationale: Buprenorphine is a unique opioid (a partial agonist at the mu receptor) used for pain control that also acts as an antagonist at the kappa receptor. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include such elements as the current pain intensity and the pain intensity after taking the opioid medication, among others. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and neck, migraines, and knee buckling. The recorded pain assessments contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, exploring the potential negative side effects, demonstrating why this particular medication was needed, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 150 tablets of buprenorphine 4mg with one refill is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.