MAXIMUS Federal Services

Case Number:	CM15-0145060		
Date Assigned:	08/05/2015	Date of Injury:	06/13/2012
Decision Date:	09/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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 59 year old female who sustained an industrial/work injury on 6-13-12. She reported an initial complaint of neck, shoulder, back pain and headaches. The injured worker was diagnosed as having acquired spondylolisthesis, cervical disc displacement without myelopathy, pain in joint of lower leg, post-concussion syndrome, and carpal tunnel syndrome. Treatment to date includes medication, diagnostics, and surgery (left third trigger finger release, left carpal tunnel release, right carpal tunnel release and right third trigger finger release). MRI results were reported on 7-8-14. X-ray results were reported on 6-20-13. Currently, the injured worker complained of pain throughout the neck, bilateral trapezius area to the shoulders, bilateral upper back, lower back, buttock, posterior thighs, and pain radiating down to the right lower extremity. There were also intermittent headaches. Per the primary physician's report (PR-2) on 7-17-15, exam noted tenderness upon palpation of the spinous processes in the lower cervical spine, upper thoracic spine, mid thoracic spine, and mild lumbar to lower lumbar spine. Straight leg raise is negative, motor exam was non focal. Range of motion of both shoulders are normal, impingement sign is negative. Range of motion to the knees demonstrated approximately a 20 percent reduction to flexion on the left versus the right. The requested treatments include retrospective review of Buprenorphine 0.1mg sublingual troche.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Buprenorphine 0.1mg sublingual troche, QTY: 30, DOS: 06/30/15: Upheld

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

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 now over three years ago with diagnoses of acquired spondylolisthesis, cervical disc displacement without myelopathy, pain in joint of lower leg, post-concussion syndrome, and carpal tunnel syndrome. Treatment to date includes medication, diagnostics, and surgery consisting of a left third trigger finger release, a left carpal tunnel release, a right carpal tunnel release and right third trigger finger release. There is still pain throughout the neck, bilateral trapezius area to the shoulders, bilateral upper back, lower back, buttock, posterior thighs, and pain radiating down to the right lower extremity. There were also intermittent headaches. This is a retrospective review of Buprenorphine. The MTUS notes this medicine 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 if it is being used post detoxification, two prime criteria for usage. The request does not meet MTUS criteria for the use of this special opiate medication, and it was appropriately not medically necessary.