

<b>Case Number:</b>	CM15-0149896		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	09/20/2000
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male with an industrial injury dated 09-20-2000. His diagnoses included degeneration of intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc and post laminectomy syndrome, lumbar region. Prior treatments included surgery and medications. He presents on 07-01-2015 for re-evaluation regarding chronic pain syndrome with low back pain and failed back surgery syndrome. He takes Buprenorphine 2 mg 8 totals a day. His pain is managed with his medications. He reports no adverse reactions. His medications included Buprenorphine, Carisoprodol, Lidoderm and Nabumetone. The provider documents an improvement in level of function and reduction of pain. The provider also notes the injured worker is not experiencing side effects, is complying with the pain management agreement and there are no signs of medication abuse or diversion. Physical exam was noted as healthy-appearing and in no acute distress. There was normal mood and affect. Treatment plan included exercise as tolerated and continue to take medications as prescribed. Treatment request is for Buprenorphine 2 mg #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 2mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

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

**Decision rationale:** According to MTUS guidelines, Buprenorphine is recommended to treat opiate addiction. There is no evidence or documentation of opioid addiction. Furthermore, there is no documentation for pain and functional improvement with previous use of Buprenorphine. Therefore, the request for Buprenorphine 2mg #240 is not medically necessary.