

<b>Case Number:</b>	CM15-0161341		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old male sustained an industrial injury to the neck, back, shoulders on 5-11-11. Previous treatment included right shoulder surgery times two, chiropractic therapy, physical therapy, h-wave, transcutaneous electrical nerve stimulator unit and medications. In a visit note dated 7-20-15, the injured worker complained of ongoing gradual worsening of pain. The injured worker complained of back pain with radiation to bilateral lower extremity associated with numbness and tingling and persistent right shoulder pain. The injured worker stated that medications reduced his pain from 8 out of 10 on the visual analog scale to 4 out of 10. The injured worker reported having some gastrointestinal upset with medications for which he used Protonix. Physical exam was remarkable for right shoulder with tenderness to palpation, decreased range of motion and positive impingement sign, lumbar spine with tenderness to palpation at the lumbosacral junction, decreased range of motion, decreased sensation to bilateral thighs and 5 out of 5 lower extremity strength. Current diagnoses included shoulder joint pain, lumbar disc displacement without myelopathy and long term use of medications. Past medical history was significant for diabetes mellitus. The injured worker stated that he did not wish to have any further invasive procedures and wanted to stay with conservative treatment. The treatment plan included requesting a psychiatric consultation and continuing medications (Protonix, Buprenorphine Sublingual Troches and Ibuprofen). An appeal letter dated July 30, 2015 states that pain medication reduces the patient's pain from 8/10 to 4/10 and improves activities of daily living. The note goes on to state that the patient was initially using Norco which has now been replaced as previously tried tramadol, Percocet, and NSAIDs. The patient is

able to walk better and exercise better with less pain. The urine drug screen described in the previous utilization review which was positive for Norco was consistent since the patient was utilizing Norco at that time. Another UDS will be requested and a state database query has been consistent.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Buprenorphine 0.1mg Sublingual troches #30 pc, SIG take one tablet under tongue twice a day #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Buprenorphine, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. Buprenorphine is not recommended as a first-line agent, but it does appear that the patient is failed numerous other medications prior to utilizing this one. In light of the above, the currently requested Buprenorphine is medically necessary.