

<b>Case Number:</b>	CM15-0161486		
<b>Date Assigned:</b>	08/24/2015	<b>Date of Injury:</b>	07/13/2001
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/14/2015
<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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 was a 61 year old female who sustained an industrial injury on 7-13-01. The mechanism of injury was unclear. She currently continues with low back pain. Medications decrease pain and improve function, activities of daily living and quality of life. On physical exam of the lumbar spine there was decreased sensation in the dermatomes with spasm and guarding. Medications were promethazine, enema twin pack, doc-q-lax, Protonix, docusate, cyclobenzaprine, Glucosamine, gabapentin, buprenorphine. Diagnoses include chronic pain; degeneration of lumbar, lumbosacral disc, lumbago, constipation- outlet dysfunction; chronic low back pain; failed back syndrome. Treatments indicated were medications. No diagnostics were provided. On 7-14-15 utilization review evaluated requests for buprenorphine 0.1mg #120; docusate 250mg #60 with 5 refills.

### 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 1 tab Q6H #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 76-80,86. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 61 year old female has complained of low back pain since date of injury 7/13/2001. She has been treated with surgery, physical therapy and medications to include opioids for at least 8 weeks duration. The current request is for Buprenorphine. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Buprenorphine is not indicated as medically necessary.

**DSS cap 250mg softgel Q12H #60, 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/colace](http://www.drugs.com/colace).

**Decision rationale:** This 61 year old female has complained of low back pain since date of injury 7/13/2001. She has been treated with surgery, physical therapy and medications. The current request is for Colace. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Colace. On the basis of this lack of documentation, Colace is not indicated as medically necessary.