

Case Number:	CM15-0181721		
Date Assigned:	09/23/2015	Date of Injury:	03/25/1995
Decision Date:	11/03/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/15/2015

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

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 67 year old male who sustained an industrial injury on 3-25-95. The injured worker reported right neck pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical disc degenerations, spasm of muscle, fasciitis not otherwise specified, arthrodesis, and post-laminectomy syndrome of cervical region. Medical records dated 8-25-15 indicate "his pain has gotten worse." Provider documentation dated 8-25-15 noted the work status as "The patient has been advised that they may remain off work due to their reported limitations." Treatment has included methadone since at least April of 2015, Lyrica since at least April of 2015, Buprenorphine, Percocet since at least April of 2015, Skelaxin since at least April of 2015, cervical radiographic studies (September 2010), physical therapy, range of motion exercises, manipulation, acupuncture treatment and activity modification. Providers review of systems dated 8-25-15 were notable for "frustrated mood due to persistent pain." The treating physician indicates that the urine drug testing result (6-2-15) with provider notation stating "pertinent findings were discussed with them." The original utilization review (9-5-15) denied a request for Buprenorphine 8 milligrams quantity of 90 one three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 8mg #90 one three times daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Buprenorphine for chronic pain.

Decision rationale: The request is for BUPRENORPHINE 8MG #90 ONE THREE TIMES DAILY. The RFA is dated 08/27/15. Treatment has included medications, cervical radiographic studies (September 2010), physical therapy, injections, range of motion exercises, manipulation, acupuncture treatment and activity modification. The patient is working. Official Disability Guidelines, Pain Chapter, under Buprenorphine for chronic pain states: Recommended as an option for treatment of chronic pain in selected patients (not first-line for all patients). Suggested populations: 1. Patients with a hyperalgesic component to pain; 2. Patients with centrally mediated pain; 3. Patients with neuropathic pain; 4. Patients at high-risk of non-adherence with standard opioid maintenance; 5. for analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Per report 08/25/15, the patient presents with persistent neck pain. The patient is being tapered of medications. He is encouraged to wean off medication slowly, and he is down by 50-60%. The patient is hesitant to reduce further today as his medications provide pain control and he is able to continue working. The treater states that medications continue to be denied and recommended the patient to start Buprenorphine therapy, 8mg once by mouth twice a day to three times a day after tapering off methadone. This is an initial request for medication. The patient continues to work full time and initiating Buprenorphine for assistance in pain relief after weaning off methadone is reasonable and supported by ODG. This request IS medically necessary.