MAXIMUS Federal Services

Case Number:	CM15-0182844		
Date Assigned:	09/23/2015	Date of Injury:	05/04/2010
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, New York, 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 applicant is a represented 42-year-old who has filed a claim for chronic elbow, neck, and shoulder pain with derivative complaints of myofascial pain syndrome, anxiety, and depression reportedly associated with an industrial injury of May 4, 2010. In a utilization review report dated September 15, 2015, the claims administrator failed to approve a request for buprenorphine (Butrans). The claims administrator referenced a September 4, 2015 appeal letter, a September 9, 2015 RFA form, and an August 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 4, 2015, the attending provider appealed previously denied buprenorphine via a six-page appeal letter. The attending provider contended the claimant was using buprenorphine for chronic headaches, neck pain, mid back pain, shoulder pain, and thumb pain. The claimant reported derivative complaints of depression. Worsening neck pain complaints were reported. The attending provider contended that buprenorphine was appropriate on the grounds that the claimant had residual pain complaints which required analgesia for the same. On an RFA form dated September 9, 2015, buprenorphine was sought. On a July 6, 2015 office visit, the applicant reported ongoing complaints of headaches, neck pain, shoulder pain, and mid back pain. The applicant reported derivative complaints of depression. The applicant was status post a carpal tunnel revision procedure. The claimant was described as having recently used Norco but having ceased the same. Buprenorphine and Celexa were renewed and/or continued. The claimant's work status was not detailed, although it did not appear that the claimant was in fact working. On June 8, 2015, the claimant reported 6/10 pain, worsening to 8-9/10 with activity. The claimant stated that exercises aggravated her pain complaints. The claimant was not working, it was

acknowledged. The claimant stated that she was not certain when she could resume working owing to her chronic pain complaints. A functional restoration program was seemingly sought on this date. Massage therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use.

Decision rationale: No, the request for buprenorphine (Butrans) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that buprenorphine or Butrans is recommended in the treatment of opioid addiction and is an option for chronic pain in applicants who have previously detoxified off of opioids who do have a history of opioid addiction, here, however, no such history of opioid addiction and/or opioid dependence was furnished on multiple progress notes, RFA forms, and appeal letters, referenced above. The request in question, moreover, represented a renewal or extension request for buprenorphine (Butrans). However, the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was off of work, it was acknowledged on June 8, 2015 owing to ongoing chronic pain complaints. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing buprenorphine (Butrans) usage. Therefore, the request is not medically necessary.