

Case Number:	CM15-0186725		
Date Assigned:	09/28/2015	Date of Injury:	08/21/1987
Decision Date:	11/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation, 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 48 year old female, who sustained an industrial injury on 8-21-1987. The medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome and post lumbar laminectomy syndrome; status post L5-S1 fusion (2006). According to the progress report dated 8-4-2015, the injured worker presented with complaints of low back pain that is worse with prolonged walking or standing. She notes that there is gradual worsening of her low back pain with radiation down the right lower extremity with muscle spasms, numbness, and tingling. She notes that Buprenorphine does help to reduce her pain from 8 out of 10 down to 4 out of 10. The physical examination of the lumbar spine reveals decreased range of motion, spasm and guarding, decreased sensation in the L3 and L4 and right L5 and S1, and positive straight leg raise test on the right. The current medications are Cymbalta, Gabapentin, Cyclobenzaprine, and Buprenorphine. There is documentation of ongoing treatment with Buprenorphine since at least 3-13-2015. Previous diagnostic studies include x-rays, CT scan, electrodiagnostic testing, and MRI studies. Treatments to date include medication management, physical therapy (beneficial), and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-16-2015) partially approved a retrospective request for Buprenorphine #41 (original request was for #45) to allow for a progressive wean.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Buprenorphine 2mg SL #45 (DOS 8/4/15): 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): Antiepilepsy drugs (AEDs), Buprenorphine, Opioids, criteria for use, Opioids for neuropathic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Buprenorphine for chronic pain.

Decision rationale: Retrospective Buprenorphine 2mg SL #45 (DOS 8/4/15) is not medically necessary per the MTUS Guidelines. The MTUS states that Buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation indicates that the patient has been taking this medication for chronic pain management. Specifically the provider states that Buprenorphine can be used for chronic pain management in patients with neuropathy per the ODG. While the documentation states that the patient tried first line opioids and non opioids such as Lyrica and Lidoderm she still has pain and therefore Buprenorphine was started. The documentation does not indicate that the patient was being treated for opioid dependence. Opioid analgesics and Tramadol have been suggested as a second-line treatment for neuropathic pain. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The MTUS supports clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals a urine toxicology screen from April 2015 that is positive for THC which the provider states is consistent with the patient's medical marijuana use. The documentation does not reveal other objective urine toxicology screens for review. The documentation does not reveal evidence of a complete pain assessment as recommended by the MTUS. The documentation indicate that the patient's pain is getting worse. The documentation does not specifically reveal that Buprenorphine independently has a significant objective increase in the patient's function. There have been prior UR recommendations for weaning of this medication. For all of these reasons the continuation of this medication is not medically necessary.