

Case Number:	CM15-0195687		
Date Assigned:	10/09/2015	Date of Injury:	12/26/2002
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old female, who sustained an industrial injury on 12-26-2002. The injured worker was being treated for lumbar disc displacement without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and psychogenic pain not elsewhere classified. Medical records (5-22-2015 to 9-3-2015) indicate ongoing low back and right lower extremity pain. The physical exam (5-22-2015) reveals lumbar spine spasm and guarding. Per the treating physician (5-22-2015 report), the injured worker was restarted on Norco for pain following a trial of Buprenorphine 0.25mg sublingual troches without any change in her pain. Medical records (7-16-2015 to 9-3-2015) indicate ongoing low back pain. The treating physician noted that the injured worker had decreased her use of Norco from 4 times per day to twice a day, which provides her with 20% pain relief. On 9-3-2015, the injured worker reported wanting "to switch back to the use of Buprenorphine." The physical exam (7-16-2015) revealed no spasms or guarding of the lumbar spine. There was no documented lumbar spine assessment on the physical exam (8-6-2015 to 9-3-2015). On 3-6-15 and 7-16-2015, urine drug screens revealed negative results for all drugs that were tested. Per the treating physician (7-16-2015 report) the injured worker was out of Norco for 1 week and it was not anticipated that the urine drug screen performed on this date would be positive. Surgeries to date have included lumbar spine fusion surgery in 2011. Treatment has included physical therapy, acupuncture, massage therapy, work modifications, transforaminal epidural steroid injection, and medications including pain and muscle relaxant. The requested treatments included Buprenorphine 0.25mg

sublingual troches. On 9-17-2015, the original utilization review non-certified a request for RFA 9-9-15 Buprenorphine 0.25mg sublingual troches #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

RFA 9/9/15 Buprenorphine 0.25mg sublingual troches #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Buprenorphine for chronic pain.

Decision rationale: RFA 9/9/15 Buprenorphine 0.25mg sublingual troches #150 is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that Buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). The 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. The documentation indicates on 7/16/15 that the patient was unable to tolerate Buprenorphine. The MTUS states that a satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation is not clear that past Buprenorphine use has contributed to improved pain or function or that current Buprenorphine use has contributed to a significant objective increase in function. The request for continued Buprenorphine is not medically necessary.