

<b>Case Number:</b>	CM15-0196131		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/24/2004
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 40 year old male who sustained an industrial injury 03-24-04. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar disc displacement, and long term use of medications. Medical records (05-22-15) reveal the injured worker complains of low back pain radiating down both of her legs, as well as bilateral leg pain. Her pain is not rated. The physical exam (05-22-15) reveals sensation is decreased in the dermatomes right L4, left L5, and right S1, as well as spasm and guarding is noted in the lumbar spine with significant tenderness over the right lumbar paraspinous mid thoracic to sacral. Prior treatment includes medications and back surgery. The original utilization review (09-24-15) non certified the request for Buprenorphine 0.1mg #180. The documentation supports the injured worker has been on Buprenorphine since at least 04-17-15.

### 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 #30 QTY: 180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**Decision rationale:** Buprenorphine is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant was on Buprenorphine for several months. VAS pain scores were not noted. As a result, continued use of Buprenorphine is not medically necessary.