

<b>Case Number:</b>	CM15-0196919		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/25/2001
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/28/2015
<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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 61 year old male who sustained an industrial injury on 11/25/2001. Medical records indicated the worker was treated for failed back surgery syndrome. In the provider notes of 7-09-2015, the worker complains of low back pain and episodic pain down both legs. For this he uses the spinal cord stimulator (implanted prior to 12-1-2008) daily along with medications. On exam, he is alert and oriented x3 walks with a cane in his right with some favoring of the right leg. He has mild pain with extension and rotation at the lumbar spine. Reflexes are 1+ at the knees and 0 at the ankle. Sensation is intact. Medications included Ambien (since 02-28-2007), Buprenorphine (since at least 06-10-2015), Cymbalta (since 01-2007), Lyrica (since 02-2014), valium (since at least 06-10-2015), and Clonazepam (since 01-2007). There is no documentation of pain levels between visits, pain or symptom relief after taking medications, current pain level or level of anxiety, side effects, or aberrant behavior. There is a documentation on 05/12/2015 that his lower back pain and bilateral leg pain was an 8.5 on a scale of 0-10, and his pain at the prior visit was 8+ on a scale of 0-10. He is reported at that time to be taking Buprenorphine and ibuprofen for pain, Lyrica and Cymbalta for pain and neuropathy, valium and Clonazepam for spasms and cramping and Ambien for sleep. A request for authorization was submitted for Buprenorphine 5mg tablet quantity 60, 1 tablet SL twice a day with one refill and Ibuprofen 800mg quantity 90, one tablet three times a day with one refill. A utilization review decision 09/28/2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 5mg tablet quantity 60, 1 tablet SL twice a day with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Opioids, criteria for use.

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

**Decision rationale:** Regarding the request for Buprenorphine 5mg tablet quantity 60, 1 tablet SL twice a day with one refill, Chronic Pain Medical Treatment Guidelines state that Buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuation if there is no documentation of improved function and pain. Within the documentation available for review, it is clear the patient has been weaned off controlled medications in the past, but it is unclear they are currently in a program of recovery from addiction. Additionally, there is no indication that the medication is currently improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, the currently requested Buprenorphine 5mg tablet quantity 60, 1 tablet SL twice a day with one refill is not medically necessary.

**Ibuprofen 800mg quantity 90, one tablet three times a day with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Ibuprofen 800mg quantity 90, one tablet three times a day with one refill, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Ibuprofen 800mg quantity 90, one tablet three times a day with one refill is not medically necessary.