

Case Number:	CM15-0202123		
Date Assigned:	10/21/2015	Date of Injury:	05/21/2007
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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

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:

This injured worker is a 57 year old male, who sustained an industrial injury on 05-21-2007. The injured worker was diagnosed as having C5-C6 discectomy and fusion in 1994, chronic derangement of cervical spine with multilevel pathology, cervical spine radiculopathy, cervicogenic headaches, chronic and recurrent lumbar strain and status post lumbar spinal surgery. Pain is rated 3-4 out of 10. On medical records dated 09-17-2015, 09-10-2015 and 08-27-2015. The subjective complaints were noted as cervical and lumbar spine pain. Objective findings were noted as cervical spine range of motion was limited with respect to active range of motion. Loss of sensation over the C7 dermatome of the right hand versus the left hand. Treatments to date included pain management consultation, surgical intervention and medication. The injured worker was noted to be total temporary disability. Current medications were not listed on 09-17-2015 or 08-27-2015. The Utilization Review (UR) was dated 10-06-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Buprenorphine 8 mg #120 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 8 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines recommend a ceiling of 120 MED (morphine equivalent dosage). The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The medical records note that Utilization Review has allowed for modification to wean Butrans patches. The request for Buprenorphine 8 mg #120 is not medically necessary and appropriate.