

Case Number:	CM15-0202909		
Date Assigned:	10/19/2015	Date of Injury:	02/07/2012
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/15/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 42 year old male, who sustained an industrial injury on 2-7-2012. The injured worker is undergoing treatment for: lumbar-lumbosacral disc degeneration. On 8-7-15, he reported low back pain. He rated his pain 8 out of 10 and indicated it is down to 6 out of 10 with medications. He indicated his current medication regimen to be inadequate. The provider noted increasing his dose of Buprenorphine 0.25mg to twice daily. On 9-16-15, he reported low back pain with radiation into the lower extremities and worsened with prolonged activity such as walking or standing. He indicated medications to "help with pain and function". He is reported as tolerating medications well. He also indicated when his pain is increased he experiences urinary incontinence. Objective findings revealed decreased lumbar spine range of motion, intact sensation to light touch, positive bilateral straight leg raise test, spasm and guarding in the low back, and full motor strength. The provider noted he had failed "conservative treatment". There is no current discussion of level of pain with the use of Buprenorphine or Norflex. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the lumbar spine (7-24-15). Medications have included: Orphenadrine, gabapentin, docusate sodium, escitalopram, Viagra, and buprenorphine. Current work status: modified. The request for authorization is for: Buprenorphine 0.25mg sublingual troches quantity 90, and Orphenadrine (Norflex ER) 100mg quantity 90. The UR dated 10-2-2015: modified certification of Buprenorphine 0.25mg sublingual troches quantity 72; and non-certified Orphenadrine (Norflex ER) 100mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Buprenorphine 0.25mg sublingual troches #90 (DOS: 09/16/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Buprenorphine for chronic pain; Buprenorphine for opioid dependence.

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

Decision rationale: Guidelines state that Suboxone is recommended for treatment of opiate addiction or as an option for chronic pain after detoxification in patients with a history of opiate addiction. In this case, the claimant used Suboxone for chronic pain. There is no documentation of any hyperalgesic pain, centrally mediated pain, neuropathic pain, at high risk of standard opioids, or have detoxified from other opioids which are indications for treatment with Suboxone. The request for Buprenorphine 0.25 mg sublingual #150 is not medically appropriate and necessary.

Retrospective Orphenadrine (Norflex ER) 100mg #90 (DOS: 09/16/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, the patient has been using Norflex ER chronically for musculoskeletal pain which is not recommended by guidelines. The request for Norflex ER 100 mg #90 is not medically appropriate and necessary.