

Case Number:	CM15-0202961		
Date Assigned:	10/19/2015	Date of Injury:	07/12/2011
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 31 year old male, who sustained an industrial injury on July 12, 2011, incurring low back and neck injuries. He was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Treatment included pain medications, chiropractic sessions Cognitive Behavioral Therapy, biofeedback, physical therapy, aquatic therapy, epidural steroid injection, and home exercise program and activity modification. In 2013, a lumbar Magnetic Resonance Imaging revealed disc herniation. His pain was made worse with sitting, walking, bending and lifting. He was only able to walk for short periods of time. He rated his pain 7 out of 10 on a pain scale from 1 to 10. The medication Buprenorphine was not holding his pain and was increased to 2 mg every 8 hours from every 12 hours. The injured worker found this to be beneficial with his pain reduction and functional improvement. Currently, the injured worker complained of worsening severe back pain, with bilateral leg pain with increased numbness and tingling. He was noted to have increased spasms and guarding of the lumbar spine. The treatment plan that was requested for authorization included a prescription for Buprenorphine HCL SL 2 mg #70 retrospective for a date of service on August 24, 2015. On October 9, 2015, a request for a prescription for Buprenorphine HCL SL was not approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL (hydrochloride) SL 2 mg Qty 70 (retrospective DOS 08/24/2015):
Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 26-27 recommends use of Buprenorphine as an option in the treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In this case, there is lack of evidence in the provided medical records of opiate addiction to warrant the use of a Butrans patch. Therefore, the request is not medically necessary.