

<b>Case Number:</b>	CM15-0204284		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 31-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of headaches reportedly associated with an industrial injury of July 12, 2011. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for sublingual Buprenorphine and Relafen. A July 27, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On said July 27, 2015 office visit, the applicant reported ongoing complaints of neck, low back, hand pain with associated difficulty to perform activities as basic as walking. The applicant was using Lortab from time to time, the treating provider reported. The treating provider contended that the applicant's medications were ameliorating his ability to stand and walk. The applicant's medication list reportedly included topical diclofenac, Relafen, and Buprenorphine, it was reported in another section of note. Relafen and Buprenorphine were renewed. The applicant was asked to pursue an epidural steroid injection. The applicant had previously completed a functional restoration program, it was reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine HCL sublingual troches 2mg #35 (DOS: 07/27/15): 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:** No, the request for buprenorphine (Butrans) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Buprenorphine is recommended in treatment of opioid addiction and can be employed as an option for chronic pain in applicants who have previously detoxified off of opioids who do have a history of opioid addiction, here, however, no such history of opioid addition or opioid dependence was furnished on the July 27, 2015 office visit at issue. On that date, it was suggested that the applicant was using Lortab for pain relief, suggesting that the applicant was not, in fact, intent on using Buprenorphine (Butrans) by means of weaning or tapering off of other opioids and/or for opioid addiction/opioid dependence purposes. Therefore, the request was not medically necessary.

**Nabumentone-Relafen 500mg #60 (DOS: 07/27/15): 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** Similarly, the request for Relafen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, permanent work restrictions were renewed on July 27, 2015, the treating provider reported. It did not appear the applicant was working with said permanent limitations in place. Ongoing usage of Relafen failed to curtail the applicant's dependence on opioid agents such as Lortab and/or Buprenorphine (Butrans). All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.