

Case Number:	CM15-0208052		
Date Assigned:	10/27/2015	Date of Injury:	07/09/1998
Decision Date:	12/14/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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:

The injured worker is a 62 year old male, who sustained an industrial injury on 7-9-98. The injured worker was being treated for post laminectomy syndrome with multiple lumbar fusions and revisions and sciatica. Records were reviewed dated 8-20-15 and 9-10-15 and the injured worker complains of chronic low back pain with radicular symptoms in bilateral lower extremities following 5 lumbar spine surgeries. He also notes constant burning in left foot and intermittent burning in right foot. Work status is permanent and stationary with permanent disability. Documentation did not indicate pain level prior to or following medication administration, duration of pain relief or urine toxicology screening. Physical exam dated 8-20-15 revealed antalgic gait with no other abnormalities documented. Treatment to date has included oral medications including Buprenorphine 0.1mg (since 8-20-15; replaced Tramadol), Gabapentin 600mg, Ambien and Lorazepam. The treatment plan dated 9-10-15 included request for authorization for Buprenorphine 0.1mg #60 and Gabapentin 600mg #180. On 10-12-15 request for Buprenorphine 0.1mg #60 was non-certified by utilization review. A letter of appeal has been submitted dated 11-6-15 noting that the request for Butrans patch is retrospective for DOS date of service 9-10-15. The letter of appeal also notes that Burans patch has been discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1 mg sublingual troche, Qty 30 with 1 refill, 1/2-1 tablet under tongue 2-3 times daily (total qty 60): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to ODG, Buprenorphine for chronic pain is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment, the drug should be reserved for use by clinicians with experience. Per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. In this case, the injured worker is followed for chronic pain status posts multiple surgical interventions. The letter of appeal dated 11/6/15 notes that the request for Buprenorphine 0.1 mg sublingual is retrospective for dated of service of 9/10/15. It is noted that this medication has been discontinued due to the lack of efficacy. A review of the medical records notes that a trial of this medication would have been supported. The request for Buprenorphine 0.1 mg sublingual troche, Qty 30 with 1 refill, 1/2-1 tablet under tongue 2-3 times daily (total qty 60) retrospectively is medically necessary and appropriate.