

Case Number:	CM15-0025512		
Date Assigned:	02/18/2015	Date of Injury:	02/15/2012
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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, Ohio, 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 60-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of February 15, 2012. In a Utilization Review Report dated January 3, 2015, the claims administrator failed to approve a request for buprenorphine. Effexor, however, was apparently approved. The claims administrator referenced a September 19, 2014, office visit and RFA form of January 28, 2015 in its determination. The applicant's attorney subsequently appealed. On July 12, 2014, the applicant was using Relafen, Flexeril, Effexor, Protonix, buprenorphine (BuTrans), topiramate, and Tenormin. The attending provider sought authorization for a functional restoration program. The applicant had a history of earlier shoulder surgery, it was noted. On February 3, 2015, the applicant received a multilevel lumbar epidural steroid injection. Buprenorphine was again endorsed on January 5, 2015. The applicant was also using Relafen, Protonix, Norflex, Effexor, and Topamax, it is incidentally noted. Permanent work restrictions were renewed, effectively resulting in the applicant's removal from the workplace, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25SL Troches, 1 tablet two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS.

Decision rationale: 1. 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 (BuTrans) is recommended for the treatment of opioid addiction and can be employed for chronic pain purposes in applicant's who have previously detoxified after opioids, in this case, however, there was/is no mention of the applicant using buprenorphine for opioid addiction purposes nor is there any statement or mention of the applicant's having previously detoxified off of other opioids. In short, no clear, compelling, or cogent applicant-specific rationale for introduction, selection, and/or ongoing usage of buprenorphine (BuTrans) was furnished by the attending provider. Therefore, the request was not medically necessary.