

Case Number:	CM15-0211997		
Date Assigned:	10/30/2015	Date of Injury:	12/07/2009
Decision Date:	12/15/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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 62 year old male who sustained an industrial injury 12-07-09. A review of the medical records reveals the injured worker is undergoing treatment for long term use of medications, internal knee disruption, pain in the lower leg joint, and lumbar post laminectomy syndrome. Medical records (09-18-15) reveal the injured worker reports that he is out of buprenorphine. He reports the buprenorphine reduces his pain from 8/10 to 3/10. The physical exam (09-18-15) reveals tenderness and crepitus in the right knee, as well as feelings of instability. Prior treatment includes Buprenorphine sublingual troches. The original utilization review (10-08-15) non certified the request for Buprenorphine 0.5mg #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.5mg, #42: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: A letter of appeal dated 11/25/15 states that this was supposed to have been a retrospective request since patient was weaned off buprenorphine on 9/11/15. Patient is reportedly off buprenorphine at time of letter of appeal. Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. Patient was reportedly successfully weaned off buprenorphine and this is a reported retrospective request for final supply prior to discontinuation. If this statement and request is correct, then this request is medically appropriate. This Independent Medical Review considers a retrospective request to be medically necessary. This is not an approval for any prospective approval for any more buprenorphine. Retrospective buprenorphine is medically necessary.