

Case Number:	CM15-0216931		
Date Assigned:	11/06/2015	Date of Injury:	12/28/2010
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male with a date of injury of December 28, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for umbilical hernia with repair. Medical records dated September 17, 2015 indicate that the injured worker complained of abdominal pain. Records also indicate that the injured worker has undergone multiple surgical repairs for the umbilical hernia. A progress note dated October 5, 2015 documented complaints of poor pain control since a recent decreased in the Buprenorphine dosage. The physical exam dated September 17, 2015 reveals well-healed vertical surgical hernia repair scar that was tenderness to palpation, and loose skin around the abdomen. The progress note dated October 5, 2015 did not document a physical examination of the injured worker's gastrointestinal system. Treatment has included medications (Buprenorphine since at least November of 2014; Cymbalta, DSS), and multiple umbilical hernia surgeries. The treating physician documented that the urine drug screen dated October 5, 2015 showed results that were negative for all tested substances. The utilization review (October 9, 2015) partially certified a request for Buprenorphine 0.1mg sublingual Troche #56 to allow for weaning (original request for #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine .1 MG, SL Troche #30 PC Qty 60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 64 year old patient presents with umbilical hernia without obstruction or gangrene, as per progress report dated 10/05/15. The request is for buprenorphine .1 mg, sl troche #30 pc qty 60. The RFA for this case is dated 10/01/15, and the patient's date of injury is 12/28/10. The patient is status post four hernia surgeries, status post bilateral shoulder rotator cuff tears, and status post multiple recent abdominal surgeries, as per progress report dated 10/05/15. The patient has history of coronary artery disease, diabetes, dizziness and Parkinson's disease. Medications included Buprenorphine, Gabapentin, Ambien, Cymbalta, Protonix, Plavix, Folic acid, Metformin, Timolol and Aspirin. He patient is temporarily totally disabled, as per progress report dated 07/14/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." For Buprenorphine, MTUS pages 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. In this case, Buprenorphine was prescribed for "breakthrough pain" on 04/22/14. This appears to be the first prescription for this opioid. The reports also document the use of Norco and Percocet. As per progress report dated 10/05/15, sublingual Buprenorphine at the current dosage is "noneffective at all and he needed to take many more than prescribed to come close to his previous dosage." In progress report dated 07/14/15, the treater indicates that the patient is status post repair of recurrent umbilical incisional hernia. The patient was prescribed Norco but it is causing upset stomach "with no help with the pain..." The last urine toxicology screen was consistent, as per progress report dated 11/01/15 (after the UR denial date). The reports, however, fail to establish the efficacy of Buprenorphine and other opioids in this patient. The treater does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." In fact, the treater states that Buprenorphine is not effective at the prescribed dosage. Furthermore, no CURES report has been provided to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.