

Case Number:	CM15-0217748		
Date Assigned:	11/09/2015	Date of Injury:	06/03/2001
Decision Date:	12/24/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/05/2015

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:

The injured worker is a 49-year-old female who sustained an industrial injury on 6-3-2001 and has been treated for reflex sympathetic dystrophy of the lower extremity, cervical spondylosis without myelopathy, degeneration of lumbar intervertebral disc, pain in the upper limb, and opioid dependence. She also has a history of tarsal tunnel syndrome and has had surgery. On 10-8-2015 the injured worker reported low back pain and swelling, tenderness, with color and temperature changes in her lower left extremity. She has had been experiencing burning pain and tenderness in her right foot for two weeks and was having difficulty bearing weight on the right foot. Objective findings include note of a slow, antalgic gait, use of cane, and there was swelling noted over both ankles. Her range of motion on the left was limited with internal and external rotation. Documented treatment includes home exercise, Buprenorphine HCL, and Citalopram at bedtime. The physician states physical therapy is being requested. The injured worker has been prescribed buprenorphine since at least 4-2015 and the physician states in the note that this medication "enables her to remain stable off opioid medications and maintain current levels of function," and "there is an increased risk of relapse with opioid dependence when Buprenorphine is discontinued." A pain contract is noted to be signed, she is stated as "CURES compliant" as of 10-8-2015, and the note states the injured worker is "using Buprenorphine appropriately according to MTUS guidelines." There is no information related to urine drug screening evidenced in the provided records. The treating physician's plan of care includes a request for refill on Buprenorphine HCL 8 mg #150 with 1 refill, but this was denied on 10-26-2015. The injured worker is not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL 8mg #150 with 1 refill: Upheld

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

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 patient was injured on 06/03/01 and presents with pain in her upper limb, lumbar spine, and cervical spine. The request is for BUPRENORPHINE HCL 8MG #150 WITH 1 REFILL. The RFA is dated 10/12/15 and the patient is disabled. The patient has been taking this medication as early as 04/24/15 and treatment reports are provided from at least 02/25/15 to 10/08/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." MTUS Guidelines, Buprenorphine, pages 26-27 specifically recommends it for treatment of opioid addiction and also for chronic pain. The 02/25/15 treatment report indicates that the patient has a "pain contract signed 9/3/14. CURES completed 12/22/14 show no suspicious activity. UDT completed 11/2014." The 10/08/15 treatment report states that Buprenorphine "allows the patient to remain stable off opioid medications and maintain current levels of function." In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of specific ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Buprenorphine IS NOT medically necessary.