

Case Number:	CM15-0218110		
Date Assigned:	11/10/2015	Date of Injury:	05/16/2006
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
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: 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 injured worker is a 42 year old female, who sustained an industrial injury on 05-15-2006. A review of the medical records indicates that the worker is undergoing treatment for lumbago and lumbar radiculopathy. Treatment has included Flexeril and unspecified pain medications. Subjective complaints on 06-25-2015 included continued low back and mid-back pain. Objective findings showed right foot anterior tibialis weakness of about 4 out of 5 and right foot numbness. Subjective complaints on 08-24-2015 included continued low back pain and right lower extremity issues. Objective findings revealed right foot numbness and relatively decent strength in the right lower extremity. Subjective complaints (10-12-2015) included low back and mid back pain that was not quantified. Objective findings (10-12-2015) included left leg swelling and decreased motor strength at the right extensor hallucis longus (EHL). Portions of the progress note are illegible. Suboxone and Butrans were requested. A review of the documentation indicates that the worker was being prescribed pain medications, however pain levels were not quantified and the specific pain medications being prescribed was not documented. It's unclear as to how long Suboxone and Butrans had been prescribed, the reason for prescription of these medications is not documented and there's no documentation of significant pain relief or objective functional improvement with pain medications. A utilization review dated 10-22-2015 non-certified requests for retro Suboxone 8.2 mg #60 with a rx date of 10-12-2015 and Butrans 15 mcg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Suboxone 8.2 mg #60 with a rx date of 10/12/2015: 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): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Buprenorphine for Chronic Pain Section, Pain Chapter/Buprenorphine for Opioid Dependence Section.

Decision rationale: Per the MTUS guidelines, Buprenorphine 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. Drug description: Buprenorphine is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It is primarily classified as a partial mu-agonist and kappa antagonist. It blocks effects of subsequently administered opioid agonists. Per the ODG, this medication is recommended for selected patients for treatment of opioid dependence. The use of buprenorphine maintenance therapy was introduced in 2002. This drug can be prescribed in a physician office setting for this indication by certified physicians. Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain. In this case, there is no evidence of prior opioid addiction in the injured worker. There is no evidence of quantifiable pain relief or specific examples of functional improvement with the use of this medication. The injured worker is noted to have not returned to work. The request for retro Suboxone 8.2 mg #60 with a rx date of 10/12/2015 is not medically necessary.

Butrans 15 mcg #4: 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): Buprenorphine.

Decision rationale: Butrans patch contains buprenorphine. Buprenorphine is recommended by the MTUS Guidelines for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker has had difficulty with pain control following detoxification, and is experiencing significant pain reduction with the use of Butrans patch. In this case, there is no evidence of prior opioid addiction in the injured worker. There is no evidence of quantifiable pain relief or specific examples of functional improvement with the use of this medication. The injured worker is noted to have not returned to work. The request for Butrans 15 mcg #4 is not medically necessary.

