

<b>Case Number:</b>	CM15-0218138		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Illinois

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 56 year old male, who sustained an industrial injury on 04-08-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for type II diabetes, and left shoulder pain. Medical records (10-05-2015) indicate ongoing chronic left shoulder pain. Pain levels were 0 out of 10 on a visual analog scale (VAS). Per the treating physician's progress report (PR), the IW can work with restrictions. The physical exam, dated 10-05-2015, reported a lethargic IW that was noted to be in pain. No other abnormalities were noted. Relevant treatments have included: left shoulder surgery, 24 sessions of physical therapy (PT), injections, work restrictions, and medications (Buprenorphine HCL for several months). The treating physician indicates that Buprenorphine HCL has decreased the IW's pain and allowed him to increase his weight lifting in PT. The request for authorization (10-05-2015) shows that the following medication was requested: Buprenorphine HCL Sublingual 2mg #30 (ms) #120 (take one under the tongue, twice daily if required may increase to 1 tablet 3x a day, RX date 10-05-2015). The original utilization review (10-12-2015) non-certified the request for Buprenorphine HCL Sublingual 2mg #30 #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine HCL Sublingual 2mg #30 (ms) #120 (take one under the tongue, twice daily if required may increase to 1 tablet 3x a day, RX date 10/5/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 04-08-2014. The medical records provided indicate the diagnosis of left shoulder rotator cuff and labral tear, left shoulder adhesive capsulitis. Treatments have included left shoulder surgery, 24 sessions of physical therapy (PT), injections, work restrictions, and medications (Buprenorphine HCL for several months). The medical records provided for review do not indicate a medical necessity for Buprenorphine HCL Sublingual 2mg #30 (ms) #120 (take one under the tongue, twice daily if required may increase to 1 tablet 3x a day, RX date 10/5/15). The medical records indicate the injured worker has been using opioid medications at least since 02/2015, whereas the MTUS does not recommend the use of opioid medications for longer than 2 weeks in the treatment of shoulder or back pain; the records indicate that the injured workers pain is not being measured on numerical scale, neither are the pain and functional improvement being compared with baseline values every six months as is recommended by the MTUS. The medical records indicate the lifting restrictions have remained at 5 pounds since at least 04/2015. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The request is not medically necessary.