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| Case Number: | CM15-0223087 | | |
| Date Assigned: | 11/19/2015 | Date of Injury: | 06/06/2011 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 11/03/2015 |
| Priority: | Standard | Application Received: | 11/12/2015 |

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: New Jersey

Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 6-6-11. The injured worker is diagnosed with cervical and lumbar disc displacement without myelopathy. Notes dated 8-25-15, 9-24-15 and 10-22-15 reveals the injured worker presented with complaints of persistent neck pain (greater on the left than right) that radiates to his left upper back, left shoulder and low back pain that radiates into his left leg. The pain is increased with heavy lifting and prolonged walking. Physical examinations dated 8-25-15, 9-24-15 and 10-22-15 revealed decreased and painful cervical spine range of motion. The lumbar spine examination reveals tenderness to palpation at the lumbosacral junction, decreased range of motion, decreased sensation to light touch at the left lower extremity and decreased motor strength in the left foot dorsiflexion and left leg extension. Treatment to date has included medications- Trazodone, Gabapentin, Buprenorphine (4-2015), Capsaicin cream and Cymbalta, which reduces his pain from 10 to 6 out of 10 and allows him to engage in self-care and walk easier with less pain; psychiatric and psychotherapy care; cervical spine fusion and cervical and lumbar epidural steroid injections did not provide benefit per note dated 10-22-15; chiropractic care. Diagnostic studies include cervical spine MRI, lumbar spine MRI revealed moderate neural foraminal stenosis bilaterally L4-L5 and right side L5-S1, an annular fissure at L5-S1 and modest narrowing of dorsal disc space at L1-L2 and L2-L3, electrodiagnostic study revealed left L5 radiculopathy, per physician note dated 10-22-15; left shoulder MRI (2012) and a urine toxicology screen dated 8-25-15 is positive for Gabapentin and Buprenorphine, per note dated

10-22-15. A request for authorization dated 10-28-15 for Buprenorphine sub 0.25 mg sublingual troches #30 is non-certified, per Utilization Review letter dated 11-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine sub 0.25mg sublingual troches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section Buprenorphine.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, buprenorphine was used for the treatment of his chronic pain, which he reported "has been helping with his pain and he is tolerating it well without side effects." However, upon review of the notes provided, there was no clear report on how effective it was at reducing pain levels and improving function measurably and comparatively to without use and independent of the other medications used. Without this more specific report on benefit of this medication, it is not medically necessary at this time. Weaning may be indicated.