

Case Number:	CM15-0047563		
Date Assigned:	03/19/2015	Date of Injury:	06/01/2012
Decision Date:	04/24/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, California
 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 47 year old female, who sustained an industrial injury on June 1, 2012. She reported injury to the bilateral hands. The injured worker was diagnosed as having carpal tunnel syndrome status post bilateral carpal tunnel release 2013. Treatment to date has included diagnostic studies, surgery, TENS unit, physical therapy, bilateral hand braces and medications. On March 26, 2015, the injured worker complained of burning and numbness in the bilateral hands. She also reported weakness with her grip, right side worse than the left. The treatment plan included a hand surgical consultation and a trial of buprenorphine medication due to her tramadol causing insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27 - 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: Buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there was no mention of opiate addiction. There were no consistent pain scores documented or indication of failure of NSAIDs, Tylenol or traditional opioids. The continued use of Buprenorphine is not medically necessary.