

Case Number:	CM15-0051010		
Date Assigned:	03/24/2015	Date of Injury:	01/24/2008
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41 year old male, who sustained an industrial injury on 01/24/2008. He has reported bilateral shoulder pain. The diagnoses have included pain in shoulder joint; and chronic pain syndrome. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Nabumetone, Cymbalta, Voltaren Gel, Buprenorphine, and Pantoprazole. A progress note from the treating physician, dated 02/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of significant pain in both shoulders; neck pain; and pain medications help to reduce pain by at least 50% and allow for less pain with activities. No acute objective findings were noted. The treatment plan has included continuation of the current medication regimen. Request is being made for 90 sublingual troches of Buprenorphine 0.1 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 sublingual troches of Buprenorphine 0.1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Butrans.

Decision rationale: MTUS states that Suboxone, which is a brand name of the drug known as 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. ODG states: Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence. The ODG states that Suboxone 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. The employee is using this medication for chronic pain. However, the medical documentation provided indicate this patient could not tolerate this medication and it has been discontinued and methadone started. The rationale behind this request is unclear. As such, the request for 90 sublingual troches of Buprenorphine 0.1mg, is not medically necessary.