

Case Number:	CM15-0083175		
Date Assigned:	05/05/2015	Date of Injury:	08/01/2014
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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, 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 58 year old female, who sustained an industrial injury on August 1, 2014, incurring lower back injuries from work activities. She was diagnosed with lumbar radiculopathy and scoliosis of the lumbar spine, and a repetitive strain injury of the bilateral upper extremities with bilateral carpal tunnel syndrome. Treatment included physical therapy, chiropractic sessions, anti-inflammatory drugs, ice, heat, transcutaneous electrical stimulation unit, acupuncture, and traction. The injured worker returned to modified work duties in November, 2014. Currently, the injured worker complained of a constant pain level of 5-6/10 to her lumbar spine radiating down her legs, right wrist pain, and left wrist pain with numbness and tingling. The treatment plan that was requested for authorization included a trial prescription for Buprenorphine. The patient sustained the injury due to repetitive scooting chair. The medication list include Ibuprofen, Diltiazem, Omeprazole and Hydrochlorthiazide, Q var, Lovastatin. Per the doctor's note dated 3/20/15 patient had complaints of low back pain and lower extremity symptoms. Physical examination of the low back revealed muscle spasm, guarding, positive SLR and muscle weakness

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Buprenorphine 0.1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids.

Decision rationale: Request: Trial Buprenorphine 0.1mg. Buprenorphine is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. With this, it is deemed that, this patient does not meet criteria for use of opioids analgesic. The medical necessity of Trial Buprenorphine 0.1mg is not established for this patient.