

<b>Case Number:</b>	CM15-0086752		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	01/15/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 54 year old female, who sustained an industrial injury on 01/15/2009. She has reported subsequent low back and knee pain and was diagnosed with lumbar post laminectomy syndrome, myofascial pain, opioid type dependence and tear of the medial meniscus of the knee. Treatment to date has included oral pain medication, home exercise program and an H wave unit. In a progress note dated 04/20/2015, the injured worker complained of back pain. Objective findings were notable for restricted range of motion of the lumbar spine, tenderness to palpation of the paravertebral muscles with spasm, spinous process tenderness on L4 and L5 and tenderness to palpation of the medial joint line, lateral joint line and patella with positive patellar grind test. A request for authorization of Buprenorphine was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 2mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**Decision rationale:** Guidelines recommend buprenorphine for treatment of opiate addiction or as an option for chronic pain after detoxification of patients with a history of opiate addiction. In this case, the patient has been utilizing opiates on a chronic basis. Since weaning has not occurred, buprenorphine 2 mg #180 is not medically appropriate and necessary.