

Case Number:	CM14-0122768		
Date Assigned:	08/08/2014	Date of Injury:	02/26/2004
Decision Date:	09/29/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 35 year old female injured worker with a date of injury of 2/26/04 with related low back pain. Per progress report dated 5/30/14, she also reported intermittent bilateral buttock pain. Per physical exam, tenderness was noted across the lower lumbar region bilaterally, lumbar spine range of motion was mildly limited in all planes. It was noted that she has remained stable with all of her medications. Her medications allowed her to take care of her 3 year old daughter (lifting her, bending, walking) and be a responsible mother. Medications also allowed her to do a home exercise program. She was taking buprenorphine, cymbalta, ambien, flexeril, zofran, and flector patches. Imaging studies were not available for review. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 7/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 8mg sublingually up to 2 times a day as needed #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 26-27, 78.

Decision rationale: MTUS Guidelines state Buprenorphine is recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Review of the available medical records reveals insufficient documentation to support the medical necessity of Buprenorphine. Additionally there was a lack of documentation addressing the 4 A's; which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief or appropriate medication use. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. As such, the request is not medically necessary.