

<b>Case Number:</b>	CM14-0123799		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, low back pain, low back pain, neck pain, and wrist pain reportedly associated with an industrial injury of March 10, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated August 4, 2014, the claims administrator denied a request for buprenorphine. The applicant's attorney subsequently appealed. In a July 21, 2014 progress note, the applicant reported persistent complaints of pain about the shoulder, neck, and wrist. The applicant was reportedly working full duty. The attending provider stated that the applicant was using buprenorphine "intermittently." Buprenorphine was furnished for pain purposes. The applicant's complete medication list included naproxen, Protonix, Flexeril, and Effexor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Buprenorphine 0.1mg sublingual troches #90 (DOS: 7/21/14): Upheld**

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

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

**Decision rationale:** As noted on pages 26 and 27 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine or Butrans is recommended in the treatment of opioid addiction and/or opioid dependence. In this case, it appeared that the attending provider was intent on employing buprenorphine tablets for pain purposes as opposed to for opioid addiction purposes, opioid dependence purposes, and/or for applicants who had previously weaned off of opioids. Buprenorphine, thus, was being employed for non-MTUS endorsed purposes here. Therefore, the request is not medically necessary.