

Case Number:	CM14-0134912		
Date Assigned:	08/27/2014	Date of Injury:	06/09/2009
Decision Date:	09/26/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation 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:

This 58 year-old patient sustained an injury on 6/9/09 while employed by [REDACTED]. Request(s) under consideration include Buprenorphine 0.1mg Sublingual Troches #30pc Qty: 90.00 (DOS 6/9/14). Diagnoses included lumbosacral spondylosis; sacral disorder; sciatica; depression; and dysthymic disorder. Report of 6/9/14 from the provider noted the patient with chronic ongoing persistent low back pain radiating down bilateral lower extremities alleviated with medications and changing of positions. The provider noted the patient is to continue with medications to improve pain and function. Since Butrans patches were not approved, a trial of buprenorphine was recommended. Report of 8/12/14 noted appeal of denied medication. Conservative care has included physical therapy, acupuncture, medications, lumbar epidural steroid injections, and modified activities/rest. MRI of left knee on 7/21/09 showed small joint effusion. MRI of lumbar spine showed degenerative changes with disc protrusion/bulging at L3-5. The patient was referred to spine surgeon who felt the patient was not a good candidate for surgical treatment. AME report of 9/4/11 noted diagnoses of lumbar strain and degenerative disc disease. There were noted previous work compensation claims of lumbar spine in 1995 and motor vehicle accident from 2006. Currently patient has low back and left knee pain with associated numbness and tingling radiating down leg to foot. Buprenorphine was again appealed. The request(s) for Buprenorphine 0.1mg Sublingual Troches #30pc Qty: 90.00 (DOS 6/9/14) was non-certified on 8/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg Sublingual Troches #30pc Qty: 90.00 Dos: 6/9/14: Upheld

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

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

Decision rationale: Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, Butrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms for this P&S injury of 2009. There is also no notation of any functional improvement while on the medication nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this injury of 2009. Medical necessity for continued treatment has not been established for the medication. Buprenorphine 0.1mg Sublingual Troches #30pc Qty: 90.00 (DOS 6/9/14) is not medically necessary.