

Case Number:	CM14-0141966		
Date Assigned:	10/07/2014	Date of Injury:	02/05/1997
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Practice 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:

54 yr. old female claimant sustained a work injury on 12/2/97 involving the low back. She was diagnosed with lumbar strain and piriformis syndrome. A progress note on 7/24/14 indicated the claimant had continued back and leg pain (8/10). The claimant had been on Norco and Buprenorphine 4 mg BID and Subutex 2 mg QID. Exam findings were notable for an antalgic gait, positive straight leg raise, tenderness in the right sacroiliac joint, bilateral buttock tenderness, and painful range of motion of the back. In addition, diminished sensation in the L4 region. The treating physician requested continuation of Subutex 2 mg QID with a month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex 2mg #112: Upheld

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

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

Decision rationale: Subutex is Buprenorphine. According to the guidelines, Buprenorphine (Subutex) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. In this case, there is no mention of opioid addiction or need for opioid detoxification.

The claimant had continued pain despite being on Subutex previously. As a result, the use of Subutex is not medically necessary.