

Case Number:	CM14-0146267		
Date Assigned:	09/12/2014	Date of Injury:	03/01/2006
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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 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:

The patient is a 60-year-old female who has submitted a claim for Degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of March 1, 2006. Medical records from 2007 through 2010 were reviewed. There are no available recent progress notes. The UR showed that the patient complained of low back pain associated with weakness and numbness in the right lower extremity and stiffness and spasms of the low back. Physical examination revealed a flexed forward posture, mildly limited ROM in all planes, tenderness over the lumbar paraspinals, bilateral deep gluteals, hamstrings, over the greater trochanters and over the IT bands. Treatment to date has included medications, PT and injections. Utilization review from August 19, 2014 denied the request for Buprenorphine 8mg #120 with 2 refills and Savella 12.5mg #60 with 2 refills. The request for Savella was denied because this medication is not supported by the California Medical Treatment Utilization schedule and also because there was a discrepancy between the doses in the current request and in a recent progress report. The request for Buprenorphine was denied because there was no objective evidence of associated functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 8mg #120 with 2 refills.: 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 2009, BUPRENORPHINE Page(s): 26-27.

Decision rationale: Page 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, the latest progress notes available are more than 3 years old. The patient's current status is not known. It is not known if the patient had a history of opiate addiction, if the patient had improvement from prior use, or whether there were side effects. The medical necessity for continuing buprenorphine cannot be established because of inadequate information. Therefore, the request for Buprenorphine 8mg #120 with 2 refills is not medically necessary.

Savella 12.5mg #60 with 2 refills.: 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 Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SN).

Decision rationale: As noted on pages 15-16 and 105 of the CA MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. There are no recent progress notes available in the records. The patient's current status is unknown. Therefore, the request for Savella 12.5mg #60 with 2 refills was not medically necessary.