

Case Number:	CM14-0146857		
Date Assigned:	09/12/2014	Date of Injury:	01/31/2012
Decision Date:	11/24/2014	UR Denial Date:	08/15/2014
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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain, hand pain, and major depressive disorder (MDD) reportedly associated with an industrial injury of January 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier ankle surgery on August 4, 2014; postoperative immobilization via a Cam walker; and unspecified amounts of physical therapy over the course the claim. In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for buprenorphine on the grounds that the attending provider had failed to state for what purpose buprenorphine was being employed here. The applicant's attorney subsequently appealed. In a July 29, 2014 progress note, the applicant reported 3 to 8/10 right foot and ankle pain, exacerbated by any kind of weight bearing activities. The applicant was given diagnoses of posttraumatic arthrofibrosis and synovitis about the injured ankle with associated impingement syndrome and instability of the same. The applicant was reportedly pending an ankle debridement and lateral stabilization procedure. A Cam walker was endorsed for postoperative use purposes. The remainder of the file was surveyed. It did not appear that the June 16, 2014 progress note and August 8, 2014 request for authorization (RFA) form on which the claims administrator had based its denial were incorporated into the independent medical review packet.

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 #30. QTY #30. DISPENSED 6/16/14: 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 Buprenorphine topic Page(s): 26.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is recommended in the treatment of opioid addiction and can also be employed for chronic pain in applicants who have previously detoxified off of opioids, in this case, however, it was not clearly stated why buprenorphine was employed. It was not clearly stated for what purpose buprenorphine was being employed for. The few progress notes provided, referenced above, made no mention of medication selection or medication efficacy. The June 16, 2014 progress note and associated RFA form do not, moreover, appear to have been incorporated into the independent medical review packet. The information which is on file, furthermore, fails to support or substantiate the request. Therefore, the request is not medically necessary.