

<b>Case Number:</b>	CM14-0151463		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49-year-old man who sustained a work-related injury on March 12, 2010. Subsequently, he developed left shoulder pain neck and back pain. The patient underwent 3 left shoulder arthroscopic surgeries. The patient was state post left carpal tunnel release and right shoulder rotator cuff tear. The patient was diagnosed with the cervical disc herniation, status post left shoulder surgery, and lumbar sprain. His urine drug screen performed on April 10, 2014 was positive for hydrocodone and negative for zolpidem. Both drugs were prescribed. His electromyography (EMG) nerve conduction study performed on the on May 29 /2014 demonstrated mild chronic right C5-7 radiculopathy. Patient was treated with physical therapy. According to a progress report dated on July 28, 2014, the patient was complaining of cervical and bilateral shoulder pain with a severity rated 8/10. He was taking Norco and naproxen. His physical examination demonstrated cervical spine tenderness with reduced range of motion, reduced strength and sensation in C5 to C8 distribution, positive Spurling's test bilaterally and positive shoulder compression bilaterally. The provider requested authorization to use Burprenorphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Buprenorphine 0.1 mg sublingual troches #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:"(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no evidence or documentation of recent opioids addiction in this case. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior from previous use of opioids. Therefore, the request for prospective use of Buprenorphine 0.1 mg sublingual troches #90 is not medically necessary.

**Retrospective use of Buprenorphine 0.1mg sublingual troches #90 (DOS 09/02/14):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:"(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side

effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no evidence or documentation of recent opioids addiction in this case. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior from previous use of opioids. Therefore, the request for Prospective use of Retrospective use of Buprenorphine 0.1mg sublingual troches #90 (DOS 09/02/14) is not medically necessary.