

Case Number:	CM14-0160545		
Date Assigned:	10/06/2014	Date of Injury:	07/12/2011
Decision Date:	11/06/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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:

According to the records made available for review, this is a 30-year-old male with a 7/12/11 date of injury. At the time (6/19/14) of request for authorization for Buprenorphine 0.25 mg SL troches, one q8h for pain #90, there is documentation of subjective (low back pain) and objective (positive bilateral straight leg raising test and noted spasm and guarding) findings, current diagnoses (lumbar disc displacement without myelopathy), and treatment to date (medications (including ongoing treatment with Buprenorphine) physical therapy, and aquatic therapy). There is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Buprenorphine patch use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25 mg SL troches, one q8h for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc displacement without myelopathy. However, despite documentation of chronic pain, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). In addition, given documentation of ongoing treatment with Buprenorphine patch, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Buprenorphine patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Buprenorphine 0.25 mg SL troches, one q8h for pain #90 is not medically necessary.