

<b>Case Number:</b>	CM14-0162027		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/13/2005
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 58-year-old male who reported injury on 04/13/2005. The mechanism of injury was not provided. The other therapies were not provided. The injured worker underwent a decompression with anterior and posterior fusion at L5-S1. Additional surgical history included a left hip revision arthroplasty. Prior diagnostic studies included x-rays and MRI of the lumbar spine. The injured worker's medications included proton pump inhibitors, and opiates as of early 2013. The injured worker was noted to start Butrans 20 mcg per hour for detoxification on 07/01/2013. The documentation of 05/09/2014 revealed the injured worker had tapered buprenorphine to 6 mg from 8 mg, and the continued use of the Butrans patch 20 mg and Lyrica were helping him, and the injured worker was noted to have no fatigue. The documentation of 08/27/2014 revealed the injured worker was status post detox on Butrans patch 20 mcg/hour, Lyrica 100 mg 3 times a day, and Suboxone 6/2 twice a day, with some increased pain of 8/10 across his back. The documentation indicated the injured worker had tapered buprenorphine to 4 mg twice a day down from 8 mg, and had a continued use of Butrans patches 20 mg, and Lyrica 150 mg 3 times a day. It was noted the medication was helping him, and the injured worker had no fatigue. The injured worker's current medications were noted to include baclofen 10 mg, 1 at bedtime; Voltaren 1% gel daily; Butrans 20 mcg/hour per patch, 1 weekly; Valium 10 mg, 1 daily for spasms; clonidine hydrochloride 0.1 mg, 1 to 2 tablets as needed for withdrawal; Lyrica 150 mg 3 times a day; Sonata 5 mg at bedtime as needed for insomnia; buprenorphine 2 mg tablets, sublingual, 2 to 3 tablets twice a day; nortriptyline hydrochloride at bedtime for insomnia; omeprazole 20 mg daily; Avapro 150 mg, and Lipitor 10 mg. The documentation indicated the injured worker's physical examination was unchanged. The diagnosis included lumbago, other back symptoms, and spasm of muscle. The treatment plan included the injured

worker was not a great surgical candidate, and was seeing to wean off Suboxone and try non opiate options. There would be a continuation of Butrans 20 mcg/hour, Lyrica 150 mg 3 times a day, and buprenorphine 4 mg twice a day. The subsequent documentation of 09/29/2014 revealed the injured worker's physical examination was unchanged. The injured worker was to continue buprenorphine 2 mg, 2 to 3 daily. Butrans 20 mcg/hour was discontinued, and Valium 10 mg tablets, as well as baclofen were discontinued. There was a lack of documented rationale for the medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Buprenorphine 2mg #450:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids, Opioids for.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Medications for Chronic pain ongoing management, Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain with documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized opiates since at least early 2013. The injured worker was noted to be tapering down from the medication. The treatment per the submitted Request for Authorization, was for 150 tablets of buprenorphine 2 mg, plus 2 refills. The request as submitted was for buprenorphine 2 mg, #450. This would not be supported. There was a lack of documentation of the criteria. Additionally, the request for 450 tablets would be excessive for a 1 month supply period. There was a lack of documented rationale. Given the above, the request for buprenorphine 2 mg #450 is not medically necessary.