

Case Number:	CM14-0181987		
Date Assigned:	11/06/2014	Date of Injury:	11/07/2000
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 & Rehabilitation 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:

This is a 63-year-old male with an 11/7/00 date of injury. He sustained an injury to the neck and low back while performing his regular work duties. According to a progress report dated 10/2/14, the patient was seen for a follow-up on his chronic pain syndrome and hypertension. He stated that his new medication, buprenorphine 2mg, was not working for him, he has been feeling anxious, and had trouble falling asleep since he started taking it. The provider discontinued Butrans patch and sublingual buprenorphine and prescribed Oxy ER and Oxy IR. Objective findings: limited to vital signs. Diagnostic impression: chronic neck pain, inadequate pain relief, trauma. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/7/14 modified the request for Subutex 2mg #30 with 2 refills to certify Subutex 2mg #30 with zero refills. The provider indicated that the patient had an inappropriate use of short acting as needed opiate analgesic. As the provider indicated that the prescribed dosage was tablet 2-3 times daily, and the patient was to follow-up with the provider after 1 week and 1 month, the prescription was modified to allow no refills. The efficacy of this medication should be evaluated prior to prescribing several months worth of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subutex 2mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Buprenorphine

Decision rationale: CA MTUS does not address this issue. ODG states that buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. However, in the present case, the patient reported that buprenorphine was not working for him. It made him feel anxious and he has had trouble falling asleep since he started taking it. Guidelines do not support the continued use of medications with documented lack of efficacy and evidence of adverse effects. In addition, it is documented that the provider has discontinued this medication for this patient. It is unclear why this request is being made at this time. Therefore, the request for Subutex 2mg, #30 with 2 refills is not medically necessary.