

Case Number:	CM14-0182085		
Date Assigned:	11/07/2014	Date of Injury:	10/10/2012
Decision Date:	12/17/2014	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 Family 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:

This injured worker's date of injury is 10/10/2012. The initial injury occurred when trying to reposition a client. This patient receives treatment for chronic low back pain and sacroiliitis. Medications used include: ibuprofen, tizanidine, Tramadol, and topical analgesics. The patient received physical therapy. A lumbar MRI showed facet disease at L5-S1. The patient received bilateral medial branch blocks, but still reports chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1 sublingual troches #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The MTUS pain medical treatment guidelines recommend buprenorphine for treatment of opiate addiction. While this drug may be an option for chronic pain, the guidelines recommend that it be limited to patients with a history of opiate addiction who have gone through a detoxification program. There is no such documentation for this patient. Buprenorphine is not medically necessary.

