

<b>Case Number:</b>	CM14-0173834		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 51 year old male, who sustained an industrial injury, February 22, 2010. The injury was sustained when then injured worker was going down some stairs in the rain and fell while carrying a blower on his back. The injured worker landed on the step and the blower which was on his back. The injured worker previously received the following treatments Naproxen, Hydrocodone, Soma, Omeprazole, Cyclobenzaprine, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities was a normal study, x-rays, lumbar spine MRI which showed congenitally small central canal and small disc extrusion at L4-L5 causing mild central stenosis with no neural foraminal stenosis, there was moderate to severe left neural foraminal stenosis at the L4-L5 with marginal osteophyte and facet contacting but impinging on the exiting left L4 nerve root, chiropractic, TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with lumbar disc herniation and radiculitis and rule out cervical disc herniation and radiculitis and lumbar disc displacement without myelopathy. According to progress note of August 8, 2014, the injured worker's chief complaint was low back pain and neck pain. The injured worker reported no adverse effects with Buprenorphine and feels no changes in the pain. The pain was constant. The pain was made better by the use of the TENS unit and gel packs. The injured worker was taking Norco which worked instantly. The injured worker was requesting to restart Norco for the pain, until the epidural injection was approved. The physical exam noted the injured worker walked with an antalgic gait. There was no tenderness with palpation in any extremity or muscle atrophy. The treatment plan included prescription Buprenorphine sublingual and Nabumetone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Buprenorphine 0.1mg sublingual troches #30 for DOS 7/16/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient was injured on 02/22/10 and presents with low back pain and neck pain as well as numbness/tingling in both arms and fingers. The request is for BUPRENORPHINE 0.1 MG SUBLINGUAL TROCHES #30 FOR DOS 07/16/14. The RFA is dated 08/08/14 and patient is not permanent and stationary. Treatment reports are provided from 07/16/14 to 09/18/14. For chronic opioid use in general, MTUS guidelines pages 88 and 89, state, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, times it takes for medication to work, and duration of pain relief. For buprenorphine, MTUS, pages 26-27, specifically recommends it for treatment of opioid addiction and also for chronic pain. The 07/16/14 report states that the patient was negative for any illicit drugs or any prescribed scheduled drugs CURES report, which was consistent with what the patient is reporting. The 08/08/14 report states that "in terms of buprenorphine, he reports no adverse side effects. Again, he states he feels no change in his pain." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales given nor are there any examples of ADLs which demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects and no validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Burprenorphine IS NOT medically necessary.