

<b>Case Number:</b>	CM14-0213877		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	05/28/1999
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 & Rehabn

### 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 patient is a 70-year-old male with a date of injury of 05/28/1999. According to progress report dated 11/21/2014, the patient presents with right shoulder joint pain, knee pain, and bilateral ankle/foot pain. The patient has a history of total knee replacements. He is currently managing his pain and is stable with the use of Suboxone for the past several years. He normally takes 1 tablet every hour to help him tolerate pain in order for him to perform his activities of daily living. It was noted has not had his medication in 4 months. As a result, he has had an increase in pain by 60%. The patient's current medications include aspirin 81 mg and buprenorphine HCl 8 mg. Physical examination revealed antalgic gait favoring the right. The patient is utilizing a walking stick for assistant in ambulation. Posture was noted as normal. The listed diagnoses are: 1. Joint pain in ankle and foot. 2. Knee pain. 3. Shoulder joint pain. The patient was given a refill of buprenorphine for pain management. The utilization review denied the request on 12/01/2014. Treatment reports from 07/17/2014 through 11/21/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Month Supply of Buprenorphine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with continued shoulder, knee, and ankle/foot pain. The current request is for a 1-month supply of buprenorphine. The Utilization review denied the request stating that "buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, after detoxification, and patients who have a history of opiate addiction. There is no indication that this patient has a history of opiate addiction or a previous detoxification." The MTUS Guidelines page 26-27 has the following regarding buprenorphine, "recommended for treatment of opiate addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendation)." The treating physician states that the patient has been stable on the medication Suboxone for the past several years. However, as discussed in MTUS page 26 and 27, this medication is intended for treatment of opiate addiction or as an option for chronic pain for patients who have a history of opiate addiction. The treating physician has provided no discussion of such and the requested buprenorphine is not medically necessary.