

Case Number:	CM14-0216985		
Date Assigned:	01/06/2015	Date of Injury:	02/08/2013
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 45-year-old female who sustained a work related injury to the left thigh on February 8, 2013. The injured worker was working at an animal care clinic where she fell, landing on her left hip and felt a popping sensation in the left thigh. A physician report dated July 21, 2014 notes that the injured worker reported left lower extremity pain. Physical examination at that time revealed an antalgic gait and normal range of motion of the left hip, although she did provide resistance because of pain. At this time she was taking Percocet 10/325 around 4-5 tablets daily and does believe it is beneficial but notes that the medication lasted a fairly short period of time. Tenderness was noted in the left greater trochanter bursal region and allodynia along the entire anterior aspect of the thigh, extending from the knee to the inguinal fold. Diagnoses included neuralgic pain of the left lower extremity, internal derangement of the left knee, status post arthroscopic surgery in December of 2013 and probable internal soft tissue injury of the left hip. A more current documentation dated November 26, 2014 noted the injured worker had chronic left hip pain and low back pain that radiated to the left lower extremity. The documentation notes that the injured worker had received two acupuncture treatments which had flared up the pain. The injured worker was noted too be taking Buprenorphine 0.25 mg which she does not feel is enough for her pain. Physical examination of the left leg revealed significant mottling of the left anterior thigh with coldness of the skin as compared to the right thigh. The injured worker had pain and weakness four/five on flexion of the hip and pain with range of motion including the internal and external rotation of the left hip. Prior treatment has included an MRI of the left hip and thigh which were unremarkable. The injured worker also recieved an

Injection into the left hip which was of no benefit and lumbar synthetic blocks which were stopped due to lack of progress. The injured worker also underwent a trial of Effexor, but had to stop due to side effects. The treating physician states that the patient's narcotic usage needs to be rationalized. He did not like her taking frequent and large doses of short acting narcotics and he wanted her to be switched to a long acting narcotic. The treating physician requested retrospective use of Buprenorphine Sublingual Troches 0.25 mg # 30, date of service July 21, 2014. Utilization Review evaluated and denied the request on December 10, 2014. The request was denied due to lack of a clear treatment plan for weaning. In addition, there was no documentation of detoxification from opioid use as well. Without delineation of a treatment plan with Buprenorphine and based on the MTUS Chronic Pain Medical Treatment Guidelines the medical necessity of the request was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 07/21/14 Buprenorphine Sublingual Troches 0.25mg # 30: 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: (Retro) DOS 07/21/14 Buprenorphine Sublingual Troches 0.25mg # 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that buprenorphine is recommended for treatment of opiate addiction. This is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation indicates that the patient did not feel that Buprenorphine 0.25mg was enough for her pain. There is no documentation of treatment of opiate addiction or detoxification from opioids. The request for (Retro) DOS 07/21/14 Buprenorphine Sublingual Troches 0.25mg # 30 is not medically necessary.