

Case Number:	CM14-0218102		
Date Assigned:	01/07/2015	Date of Injury:	11/30/2011
Decision Date:	03/30/2015	UR Denial Date:	12/12/2014
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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 62-year-old female, with a reported date of injury of 11/30/2011. The diagnoses include lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy, left-sided L3 radiculopathy and multi-level annular tears in the lumbar spine, and severe cervical spinal stenosis and left-sided radiculopathy. Treatments have included an MRI of the lumbar spine on 08/06/2013, an MRI of the cervical spine on 08/06/2013, a cane, and oral pain medications. The initial evaluation dated 12/02/2014 indicates that the injured worker complained of pain throughout her entire body, and especially in her low back with radiation to the left hip and left thigh. She also had neck pain with radiation into the left side. The injured worker was able to look after herself normally performing self-care activities, but had extra discomfort in doing so. The physical examination showed an antalgic gait, pain throughout the cervical, thoracic, and lumbar paraspinal muscles, limited flexion of the lumbar spine, painful extension, and limited cervical range of motion. The treating physician requested Buprenorphine 0.1mg for breakthrough pain. On 12/12/2014, Utilization Review (UR) denied the retrospective request for Buprenorphine 0.1mg (date of service: 12/02/2014). The UR physician noted that there was no documentation of a history of previous opiate use, no pre-opiate screening evaluation, and no evidence of a contract. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 12/2/14) Buprenorphine 0.1mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, buprenorphine

Decision rationale: Buprenorphine is a partial opioid agonist. It 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. In this case there is no documentation that the patient has failed treatment with first-line medications. Documentation does not support that the patient is a member of the suggested populations. There is no medical indication for use of buprenorphine. The request should not be authorized.