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| Case Number: | CM15-0015174 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 05/25/2013 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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, Pain Management

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 60 year old male, who sustained an industrial injury on 5/25/2013. The current diagnoses are chronic pain syndrome, closed bimalleolar fracture, and long-term use of medications. Currently, the injured worker complains of right ankle, right knee, right arm, and low back pain. Current medications are Gabapentin, Capsaicin cream, Nabumetone, and Buprenorphine. Treatment to date has included medications and acupuncture. He was scheduled to begin the Northern California restoration Program on 1/5/2015. The treating physician is requesting Buprenorphine 0.25mg #90, which is now under review. On 1/19/2015, Utilization Review had non-certified a request for Buprenorphine 0.25mg #90. The Buprenorphine was modified to #45 to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.25mg sub-lingual troches #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria, Buprenorphine Page(s): 76-80, 26-27.

Decision rationale: Regarding this request, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. We should not that this is considered off-label usage per the FDA. Within the documentation available for review, it is unclear the patient has had opioid dependence or a history of aberrant behaviors as to require buprenorphine. The notes do not indicate any history of detoxification, and the assessment does not document opioid dependence. It appears that the primary usage of buprenorphine is for pain, but there is no documentation of failure of FDA "on-label" medications such as tramadol. Furthermore, if buprenorphine is being used for pain control, there should be documentation of monitoring of the 4 A's of opioids as described in CPMTG pages 76-80. There is a lack of documentation of functional benefit in this case. Given this, the currently requested buprenorphine is not medically necessary.