

Case Number:	CM15-0016254		
Date Assigned:	02/05/2015	Date of Injury:	02/20/2013
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/28/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 40 year old male, who sustained an industrial injury on February 20, 2013. He has reported right upper extremity pain, thoracic and lumbar back pain. The diagnoses have included minimal disc desiccation at multiple levels and tiny posterior central disc protrusion and annular tear at lumbar 1-2 levels without significant spinal canal or neural foraminal stenosis. Treatment to date has included radiographic imaging, diagnostic studies, elbow and wrist surgery, conservative therapies, pain medications and work restrictions. Currently, the IW complains of right upper extremity pain, thoracic and lumbar back pain. The injured worker reported an industrial injury in 2013, resulting in the above described, chronic pain. On June 17, 2014, evaluation revealed continued pain. He had been previously treated with steroid injections and chiropractic care as well as other conservative therapies. He reported complete pain relief following chiropractic adjustments and the use of ice packs however he reported pain in the mornings upon waking. A new mattress was requested and Buprenorphine was renewed. On December 26, 2014, Utilization Review non-certified a request for Buprenorphine sublingual troches 0.25 mg, 150 count, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of requested Buprenorphine sublingual troches 0.25 mg, 150 count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine sublingual troches 0.25 mg, 150 count, provided on September 12, 2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Chronic pain, Butrans

Decision rationale: MTUS states that Suboxone, which is a brand name of the drug known as buprenorphine, is 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. ODG states Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence. The ODG states that Suboxone 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. The employee is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Suboxone instead of one of the first line agents. Therefore, the request for Buprenorphine sublingual troches 0.25mg 150 count, is not medically necessary.