

<b>Case Number:</b>	CM15-0111636		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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:

This 44 year old male sustained an industrial injury to bilateral knees on 1/20/14. The injured worker underwent partial medial meniscectomy and chondroplasty on 10/31/14. The injured worker received postoperative physical therapy with benefit. In a PR-2 dated 5/7/15, the injured worker complained of ongoing bilateral knee pain. The injured worker was previously receiving benefit from Tramadol; however, it was discontinued due to elevated liver enzymes. The physician noted that the injured worker had not been on pain medication for several months. Physical exam was remarkable for right knee with joint line tenderness and medial collateral ligament laxity without effusion. The physician noted that the orthopedic surgeon recommended right knee arthroscopy but surgery had been denied by insurance. Current diagnoses included pain in lower leg joint and psychogenic pain. The treatment plan included a nutrition consultation, six sessions of physical therapy for the right knee, continuing to monitor liver enzymes, continuing Prozac and a prescription for Buprenorphine. An appeal letter dated July 1, 2015 indicates that the patient has elevated liver enzymes and cannot take other opioid medications. It goes on to state that studies have shown that buprenorphine is appropriate for patients with chronic hepatitis C or other hepatic abnormalities. A DEA report run on June 4, 2015 shows no inconsistency and there have been no signs of abuse or aberrant behavior. The patient has recently signed an updated opiate agreement on March 12, 2015. The risks and benefits of the medication have been discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.1mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Buprenorphine, 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. California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that informed consent has been obtained, an opiate agreement has been signed, reasonable evaluation for abuse and diversion has been completed, and the patient has failed other reasonable treatment options. As such, a trial of Buprenorphine is reasonable. Of course, ongoing use would require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. As such, the currently requested Buprenorphine is medically necessary.