

Case Number:	CM15-0114140		
Date Assigned:	06/22/2015	Date of Injury:	10/25/2010
Decision Date:	07/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/12/2015

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 25 year old female who sustained an industrial injury on 10/25/10 injuring his left elbow while working as a dishwasher. He was treated with medication, physical therapy and modified duty. She currently complains of ongoing left shoulder pain that is worse with activity. Her pain level is 10/10 without medication and 7/10 with medication. She has sleep difficulties due to pain. On physical exam there was tenderness on palpation of the left shoulder. Medications are buprenorphine, Senekot, docusate, pantoprazole, diclofenac sodium. There were no urine drug screens available for review. The injured workers functional status was unclear. Diagnoses include pain in shoulder, status post left shoulder rotator cuff repair (10/8/13); cervicobrachial syndrome; neck pain; myofascial pain syndrome. Treatments to date include medications; physical therapy; chiropractic treatments. Diagnostics include MRI of the left shoulder (6/7/13, 7/6/11) showing rotator cuff tendinosis with partial interstitial tear; MRI of the cervical spine (10/7/11) showing mild degenerative disc disease; electromyography upper extremities (10/5/11) normal. In the progress note dated 4/27/15 and 6/8/15 the treating provider's plan of care includes a request for buprenorphine 0.1 mg sublingual troches # 90. She experiences pain relief with this medication. It does cause some drowsiness in her. An appeal letter dated July 10, 2015 states that buprenorphine reduces the patient's pain from 10/10 to 6-7/10. The patient notes some sleepiness but does not drive when she experiences drowsiness and has no other side effects. The patient has previously utilized Nucynta, tramadol, Norco, and NSAIDs. The patient notes improvement in her overall function as a result of this medication. An opiate agreement was signed on March 30, 2015 and a urine drug screen performed on June

8, 2015 was negative since buprenorphine had been denied by the insurance. There are no signs of abuse or aberrant behavior. The risks of the medication have been discussed with the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg sublingual troches #90: Overturned

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

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, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Buprenorphine is medically necessary.