

Case Number:	CM15-0115064		
Date Assigned:	06/26/2015	Date of Injury:	01/18/2010
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female, who sustained an industrial injury on 01/18/2010. She has reported subsequent neck and back pain radiating to the lower extremities and was diagnosed with neck, thoracic and lumbar sprain/strain, sciatica and psychogenic pain. MRI of the lumbar spine dated 01/05/2011 showed disc protrusion at L3-L4, L4-L5, and L5-S1 with bilateral neural foraminal stenosis at L3-L4 and L4-L5, left foraminal stenosis at L5-S1. Treatment to date has included medication and lumbar epidural steroid injection. Documentation shows that the injured worker had been prescribed Buprenorphine since at least 10/27/2014. In a progress note dated 04/30/2015, the injured worker reported 40% decrease in low back pain and radicular symptoms with recent lumbar epidural injection but continued to report low back pain with radiation to the left buttocks and intermittent zapping sensations. Buprenorphine was noted to provide a 30-40% decrease in pain and to allow her the functional benefit of working full-time. No abnormal objective examination findings were documented. A request for authorization of Burprenorphine HCL 2 mg # 120 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL 2mg #120: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, 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." The most recent progress note dated 04/30/2015 shows that the injured worker had a 30-40% pain decrease with the use of Buprenorphine 2 mg sublingual every 6 hours and was able to work full time without side effects. The injured worker was to follow up in 6 weeks. A request for Buprenorphine HCL 2 mg #180 was requested on the same date and approved. Therefore, the request for authorization of an additional quantity of 120 mg of Buprenorphine HCL 2 mg is not medically necessary.