

Case Number:	CM15-0115516		
Date Assigned:	06/30/2015	Date of Injury:	09/04/2014
Decision Date:	08/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 30 year old male, who sustained an industrial injury on 09/04/2014. He has reported subsequent low back and neck pain and was diagnosed with lumbar disc displacement and cervical disc degeneration. MRI of the lumbar spine dated 12/15/2014 showed mild broad based disc bulging through the lower lumbar levels, 1 mm broad based foraminal and lateral disc bulging at L4-L5 and mild posterior disc narrowing with 1 mm broad posterior disc bulge at L5-S1 and mild facet arthropathy. Treatment to date has included medication, chiropractic treatment, epidural steroid injection and physical therapy. In a progress note dated 04/23/2015, the injured worker complained of low back pain radiating to the right lower extremity and less so into the left leg. Objective findings were notable for mild tenderness to palpation of the lumbar and cervical paraspinal muscles. The physician noted that Buprenorphine was effective for low back and neck pain. A request for authorization of Buprenorphine 0.1 mg sublingual troches #30, quantity of 90 was submitted.

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 #30 pc Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, On-going management for Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for ongoing management Buprenorphine Page(s): 26-27, 78.

Decision rationale: Buprenorphine is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. It is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. In addition, Buprenorphine is recommended for treatment of opiate addiction. As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, long-term usage of opioids is discouraged unless there is "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no documentation of the severity and nature of the injured worker's pain, any discussion of side effects or evidence of monitoring for potential drug misuse or dependence. The submitted documentation showed no significant improvement in pain or functional status with the use of Buprenorphine. Therefore, the request for authorization of Buprenorphine is not medically necessary.