

Case Number:	CM15-0116566		
Date Assigned:	06/25/2015	Date of Injury:	09/09/2013
Decision Date:	07/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male, who sustained an industrial injury on September 9, 2013. Treatment to date has included left knee arthroscopy, lumbar epidural steroid injection, chiropractic therapy, physical therapy, topical pain medications and oral pain medications. Currently, the injured worker complains of low back pain and left knee pain. He is status post lumbar epidural steroid injection and reported 100% pain relief for approximately five days. The pain began to return after one week but is slightly diminished compared to prior to the injection. He reports that his acupuncture is mildly affected after completing two sessions. He reports debilitating back pain which hinders the progress in physical therapy for his left knee. On physical examination the injured worker has an antalgic gait. A straight leg raise is positive on the left and he has spasm and guarding of the lumbar spine. His current medications include Butrans patch and Mirtazapine. The diagnoses associated with the request include long-term use of medications, pain in lower leg joint, status post right knee arthroscopy, sciatica and disorders of the sacrum. The treatment plan includes buprenorphine sublingual troche for pain, continued physical therapy, and surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg Sublingual #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Naltrexone (Vivitrol extended-release injectable suspension) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Buprenorphine "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." There is no documentation that the patient fulfilled the above criteria. There is no documentation of functional improvement with previous use of Buprenorphine. There is no documentation of opioids addiction. Therefore, the request for Buprenorphine 0.1mg Sublingual #60 is not medically necessary.