

Case Number:	CM15-0116814		
Date Assigned:	06/25/2015	Date of Injury:	11/19/2013
Decision Date:	07/31/2015	UR Denial Date:	05/20/2015
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: Pennsylvania
 Certification(s)/Specialty: Internal 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 41 year old male who sustained an industrial injury on 11/19/2013. Current diagnoses include spinal stenosis, disorders of sacrum, and sciatica. Previous treatments included medications, physical therapy, and epidural steroid injection. Report dated 05/11/2015 noted that the injured worker presented with complaints that included chronic low back pain with radiation to the bilateral lower extremities with associated pain, numbness, and tingling. Pain level was not included. It was noted that the injured worker has 40% improvement with use of medications allowing him to walk to the grocery store, and perform some light housework activities. Current medication regimen included Naproxen, Protonix, Trazadone, buprenorphine, Levitra, Benazepril-hydrochlorothiazide, and Paxil. Physical examination was positive for an antalgic gait, mild tenderness to palpation in the lumbar paraspinal musculature, decreased range of motion, and pain with axial loading of lumbar facet joints. The treatment plan included continuing with physical therapy, refilled medications and try to decrease medications at next visit, consideration for referral to Weight Watchers or a gym /membership for weight loss, request a copy of the QME report performed on 04/17/2015, discussed functional restoration program, and follow up in 4 weeks. Work restrictions were noted. Disputed treatments include buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 2mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

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

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines buprenorphine is used for opiate addiction, and recommended for chronic pain after detoxification in patients who have a history of opiate addiction. The documentation submitted did not support that the injured worker has a history of opiate addiction or that he has gone through a detoxification program. Therefore, the request for buprenorphine 2 mg, #120 is not medically necessary.