

<b>Case Number:</b>	CM15-0117797		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/22/2001
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Emergency 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 51 year old female, who sustained an industrial injury on January 22, 2001. She reported neck pain, upper back, mid back and low back pain, bilateral shoulder pain, bilateral arm pain, bilateral elbow and wrist pain, bilateral hand pain, knee pain, hip pain, ankle pain and feet pain after performing customary and usual job duties for an extended period of time. The injured worker was diagnosed as having pain disorder, depressive disorder, personality disorder, multiple diffuse pain complaints, myofascial pain, fibromyalgia, migraines and gastrointestinal complaints. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, aqua therapy, trigger point injections, medications and work restrictions. Currently, the injured worker complains of continued migraines, neck pain and low back pain. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 15, 2014, revealed continued neck pain, migraines and fibromyalgia. She noted the quality of sleep was fair. It was noted a magnetic resonance imaging of the cervical spine in 2012 revealed cervical degenerative disc disease. X-ray studies of the cervical spine in 2012, revealed foraminal narrowing and degenerative disc disease of the cervical spine, reversal of lordosis and probable facet degeneration. Evaluation on December 31, 2014, revealed continued pain. She was noted to be following up after a 2-week trial of Butrans patch. She reported the pain level was 5/10 with 10 being the worst while on medications and 7/10 with 10 being the worst without medications. It was noted the Norco was decreased and Butrans 10mcg patch was initiated two weeks earlier. She reported a poor sleep quality and noted the Butrans patch was only somewhat effective. Evaluation on January 21, 2015, revealed continued pain. She

rated the pain the same as previously noted, she noted the sleep quality as fair and reported no changes in the activity level since the last visit. Butrans was increased to a 15mcg dose. Evaluation on April 22, 2015, revealed no pain assessment. Evaluation on May 22, 2015, revealed a poor sleep quality and continued pain. She noted the pain was a 2/10 with 10 being the worst while taking medications. It was noted the activity level remained the same as before and that she is continuing to work. Retrospective Buprenorphine (Suboxone/Subutex) 15 mcg #4 with a date of service 4/22/2015 was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Buprenorphine (Suboxone/Subutex) 15 mcg #4 with a dos of 4/22/2015:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

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

**Decision rationale:** According to the California (CA) MTUS guidelines, Buprenorphine is a schedule-III controlled substance introduced as a transdermal formulation for the treatment of chronic pain. Some of the advantages of Buprenorphine include no analgesic ceiling and decreased abuse potential. Documentation should include objective data covering the four A's (analgesia, activities of daily living, adverse side effects and aberrant drug behaviors) to continue the use of pain medications. It was noted from October 2014 through May 2015 the sleep quality remained fair or poor and the activity level remained noted as unchanged. She did note improved pain on an assessment in May 2015, when using medications, however there was no objective evidence supporting increased levels of activities or continued, improved sleep quality. In addition she continued to require oral narcotic pain medications and did not note breaks in using the patch. It was unclear if the increased pain ratings when not using medications included periods when the patch was removed. The documentation from May 2015 list Norco and Butrans. Suboxone is used for opiate addiction. The IW is continuing to take opiate after the retrospective date of this request. As such, the retrospective Buprenorphine (Suboxone/Subutex) 15 mcg #4 with a dos of 4/22/2015 is not medically necessary.