

Case Number:	CM15-0120880		
Date Assigned:	07/01/2015	Date of Injury:	09/27/1991
Decision Date:	09/10/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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 55 year old female, who sustained an industrial injury on 09/27/1991. The injured worker is currently diagnosed as having lumbar radiculopathy status post lumbar fusion, chronic pain syndrome, failed back syndrome, myofascial syndrome, status post right knee surgeries, neuropathic pain, and chronic pain related insomnia. Treatment and diagnostics to date has included consistent urine drug screen, use of Buprenorphine during recent narcotic detoxification, and previous opiate medications and supplements. In a progress note dated 06/11/2015, the injured worker presented for a follow up visit and stated that she had only woke up one time the previous night and that her nausea and headache have almost completely resolved with a pain level of 4 out of 10 on the pain scale. The treating physician reported requesting authorization for Buprenorphine Troches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound-Buprenorp/Troche BA Day supply: 15 QTY: 30 no refill RX date 6/11/15:
 Overturned

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

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment 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". Since the injured worker has just recently completed a narcotic detoxification program, the request for Buprenorphine is medically necessary and appropriate in this case.