

<b>Case Number:</b>	CM15-0122610		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 59 year old male who sustained an industrial injury on March 13, 2007. He reported falling over three feet off a step ladder built in his truck, landing on his knees. The injured worker was diagnosed as having pain in joint-lower leg and lumbar disc displacement without myelopathy. Treatments and evaluations to date have included a dexa scan to measure bone density, right total knee arthroplasty, MRIs, x-rays, and medication. Urine drug screen on 1/22/15 was negative for opiates and positive for benzodiazepines. Currently, the injured worker complains of lower back pain and right knee pain. The Treating Physician's report dated May 14, 2015, noted the injured worker was most bothered by his lower back pain. The injured worker was noted to utilize 12 mg of buprenorphine daily as it allowed him the functional benefit of increased tolerance for walking and standing, reporting no adverse side effects from his medications. Physical examination noted the injured worker with an antalgic gait, using a cane for ambulation, with normal muscle tone in the lower extremities. The injured worker's current medications were listed as Nabumetone-Relafen, Pantoprazole-Protonix, Buprenorphine HCL, Diclofenac Sodium, Quetiapine Fumarate-Seroquel, Amlodipine Besylate, Atenolol, Lisinopril, Metformin, and Pravastatin Sodium. Work status was permanent and stationary. The treatment plan was noted to include notation of consideration of tapering down the injured worker's buprenorphine in the future, with current refill of the medication without change.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Buprenorphine HCL Sublingual 2 mg #30 (DOS 04/21/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, opioids Page(s): 26-27, 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines note that Buprenorphine is recommended for treatment of opiate addiction. The medication is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. The documentation provided did not identify the injured worker with a history of opiate addiction, nor was there any documentation of previous detoxification. The injured worker was noted to have been using Buprenorphine since at least October 2014, noting his medications helped with pain and that the Buprenorphine helped with his tolerance for walking and standing, however there was no documentation of objective measurable improvement in the injured worker's activities of daily living (ADLs), work status, pain management, or quality of life with the Buprenorphine. Work status was noted as permanent and stationary. A urine drug screen on 1/22/15 was negative for opioids and positive for benzodiazepines (which were not prescribed), which is not consistent with prescribed medications; these findings were not addressed. The MTUS also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. The records clearly indicate inconsistent urine drug test and the inconsistent results are not explained by treating provider, which would be necessary for continued usage. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Retrospective Buprenorphine HCL Sublingual 2 mg #30 (DOS 04/21/15). The request is not medically necessary.