

Case Number:	CM15-0125173		
Date Assigned:	07/09/2015	Date of Injury:	01/15/2014
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 28 year old male, who sustained an industrial injury on 1/15/2014. He reported developing left knee and left hip pain from repetitive trauma. Diagnoses include pain in the joint, pelvis thigh, left, pain in the joint, lower leg, left, and psychogenic pain. He has a history of bilateral hip surgery in childhood with full recovery noted. Treatments to date include modified activity, medication therapy, and a cortisone joint injection. Currently, he complained of left hip and bilateral knee pain associated with popping in the left hip with movement. There was increased low back pain reported. Pain without medication was reported 8/10 VAS and with medication rated 4-5/10 VAS. Current medications listed included Nabu-tone-relafen 500mg and Norco 10/325mg. On 6/13/15, the physical examination documented an antalgic gait. The plan of care included continuation of medication. The appeal request was to authorize Buprenorphine HCL sublingual 2mg tablets #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Buprenorphine Hydrochloride Sublingual 2mg quantity 30 DOS 5-18-15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Retrospective Buprenorphine Hydrochloride Sublingual 2mg quantity 30 DOS 5-18-15, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuation if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the patient has had opiate addiction/dependence issue. Additionally, there is no indication that the medication was improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, the currently requested Retrospective Buprenorphine Hydrochloride Sublingual 2mg quantity 30 DOS 5-18-15 is not medically necessary.