

<b>Case Number:</b>	CM15-0177304		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/09/1998
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old male, who sustained an industrial injury on July 9, 1998, incurring low back injuries. He was diagnosed with degeneration of the lumbar intervertebral disc, displacement of lumbar disc and thoracic disc displacement and sciatica. Treatment included physical therapy, chiropractic sessions, epidural steroid injection, and multiple surgical interventions to his back, opiates, neuropathic medications, sleep aides and activity restrictions. Currently, the injured worker complained of chronic low back pain with radicular symptoms into the bilateral lower extremities, with burning, numbness and tingling. The pain was aggravated by turning, twisting, lifting, prolonged sitting and standing. He noted weakness, balance problems, poor concentration and memory loss. He noted difficulty sleeping secondary to chronic low back pain. The consistent pain interfered with his activities of daily living. In June, 2015, a lumbar Magnetic Resonance Imaging revealed a post anterior and posterior lumbar fusion and new lumbar retrolisthesis and disc protrusion impinging on the nerve roots. The treatment plan that was requested for authorization on September 9, 2015, included a prescription for Buprenorphine 0.1mg, quantity #90. On August 28, 2015, a request for a prescription for Buprenorphine 0.1mg, quantity #90 was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.1mg sublingual troches, 1 tablet 2-3 times daily, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**Decision rationale:** Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, Butrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic 1998 injury. Medical necessity for continued treatment has not been established for Buprenorphine. The Buprenorphine 0.1mg sublingual troches, 1 tablet 2-3 times daily, #90 is not medically necessary and appropriate.