

Case Number:	CM15-0179623		
Date Assigned:	09/21/2015	Date of Injury:	05/19/2012
Decision Date:	10/28/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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 55 year old female, who sustained an industrial injury on 5-19-12. She reported low back pain. The injured worker was diagnosed as having long term use of medications, degeneration of the lumbar or lumbosacral disc, lumbar disc displacement without myelopathy, lumbosacral spondylosis, and pain in the lower leg. Treatment to date has included chiropractic treatment, lumbar fusion in April 2014, physical therapy, aquatic therapy, and medication. The injured worker had been taking Buprenorphine since at least June 2015. Physical examination findings on 8-3-15 included normal muscle tone without atrophy in all extremities, antalgic gait, decreased sensation in the L4 and L5 dermatomes, and spasm and guarding in the lumbar spine. Significant tenderness was noted over the lumbar surgical site. On 7-21-15 the injured worker reported her pain affects her daily functioning, including housekeeping, shopping, family visits, childcare, sexual functioning, yard work, cooking, driving, and ability to work or enjoy hobbies. The injured work's pain ratings were not noted in the submitted documentation. Currently, the injured worker complains of back pain and pain in her legs. On 8-5-15 the treating physician requested authorization for Buprenorphine HCL sublingual 2mg #30 with 3 refills. On 8-12-15 the request was non-certified; the utilization review physician noted "this medication is specifically recommended for patients who are prone to addiction or had been detoxified, and the provided documents do not highlight that this opioid agonist would be appropriate for this claimant."

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL (hydrochloride) sublingual 2mg, #30 with 3 refills: Overturned

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): Opioids, criteria for use, Medications for chronic pain.

Decision rationale: The current request is for Buprenorphine HCL (hydrochloride) sublingual 2mg, #30 with 3 refills. The RFA is dated 08/05/15. Treatment to date has included chiropractic treatment, lumbar fusion in April 2014, physical therapy, aquatic therapy, and medications. MTUS Guidelines Criteria for Use of Opioids (Long-Term Users of Opioids) section, pages 88 and 89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Official Disability Guidelines, Pain Chapter, under Buprenorphine for chronic pain states: Recommended as an option for treatment of chronic pain in selected patients, not first-line for all patients. Suggested populations: 1. Patients with a hyperalgesic component to pain; 2. Patients with centrally mediated pain; 3. Patients with neuropathic pain; 4. Patients at high-risk of non-adherence with standard opioid maintenance; 5. For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. Per report 08/05/15, the patient presents with chronic low back pain. Physical examination findings included antalgic gait, decreased sensation in the L4 and L5 dermatomes, spasms and guarding in the lumbar spine. There is also significant tenderness noted over the lumbar surgical site. The patient has been taking Buprenorphine since at least June 2015. The patient reports decrease in pain from 8/10 to 5/10 with medications. She is able to continue exercising and walk with less pain with the use of this medication. She is tolerating medications with no side effects. The patient has a UDS on 07/06/15 which was consistent with the medications prescribed. DEA CURES was checked on 07/09/15 and there is a pain contract on file dated 02/13/15. The patient has tried hydrocodone in the past without much benefit. In this case, the treater has discussion all the 4A's as required by MTUS for opiate management. The request is medically necessary.