

Case Number:	CM15-0023455		
Date Assigned:	02/13/2015	Date of Injury:	12/26/2012
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/09/2015

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: Preventive Medicine, Occupational 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 53 year old male injured worker suffered and industrial injury on 12/26/2012. The diagnoses were cervical spondylosis without myelopathy, lumbar disc displacement without myelopathy and sprain/strain thoracic region. The diagnostic studies were electromyography and cervical magnetic resonance imaging. The treatments were medications. The treating provider reported chronic neck pain, low back and left shoulder pain with pain with medications 3 to 4/10 to 6/10 without medications. The Utilization Review Determination on 1/5/2015 non-certified Medication Buprenorphine 0.1mg Sublingual Troches, one tab BID QTY: 30, citing MTUS, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Buprenorphine 0.1mg Sublingual Troches, one tab BID QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, and Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 27-28.

Decision rationale: According to the MTUS, Buprenorphine is recommended for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. There is no documentation that the patient is currently undergoing formal drug addiction treatment. Medication Buprenorphine 0.1mg Sublingual Troches, one tab BID QTY: 30 is not medically necessary.