

<b>Case Number:</b>	CM15-0026471		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/16/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old female, who sustained an industrial injury on September 16, 2007. She has reported a push and fall resulting in injury of the buttocks and leg. The diagnoses have included neck pain, shoulder pain and limb pain. Treatment to date has included sacroiliac joint injection, medications, radiological imaging, and surgery. Currently, the IW complains of neck pain. Physical findings reveal tenderness over the left hip, decreased range of motion of the left hip: flexion 20%, extension 30%. She is noted to have pain with internal rotation and external rotation of the left hip, and a positive straight leg raise test. The records indicate a magnetic resonance imaging of the lumbar spine was completed on December 14, 2014, which reveals post-operative changes, and no evidence of canal stenosis or neural foraminal narrowing. The records do not indicate problems with medications or misuse of medications. The records do indicate she was prescribed Buprenorphine prior to November 2014. On January 15, 2015, Utilization Review modified certification of Buprenorphine 0.25 mg (sublingual troches), quantity #30 to allow weaning. The MTUS guidelines were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of Buprenorphine 0.25mg (sublingual troches), quantity #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.25mg (sublingual troches) quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26, 78.

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

**Decision rationale:** According to MTUS guidelines, Buprenorphine is recommended to treat opiate addiction. There is no evidence or documentation of continuous opioids use. Furthermore, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. Therefore, the prescription of Buprenorphine 0.25mg #60 is not medically necessary.