

<b>Case Number:</b>	CM15-0068310		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 42-year-old female, who sustained an industrial injury on 10/19/2011. The initial complaints or symptoms included low back and left ankle pain resulting from a fall. The injured worker was diagnosed as having lumbar strain and lumbar contusion. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, nerve blocks, injections, and left ankle surgery. Per the progress report dated 01/07/2015, the injured worker complained of chronic low back with radiation into the left lower extremity, and left ankle pain. The diagnoses include lumbar disc displacement without myelopathy, sciatica, pain in joint (ankle/foot), and psychogenic pain. The treatment plan consisted of medications (Buprenorphine, pantoprazole-protonix and Quetiapine Femarate-seroquel) which were previously dispensed (retrospective request), and urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Buprenorphine 0.1mg Sublingual Troches #30pc #90 (DOS: 01/07/2015):**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, and long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. Buprenorphine is used for chronic pain and for opioid addiction. In this case, the documentation does not support that the patient has had significant functional improvement while taking this medication. The continued use of Buprenorphine is not medically necessary.