

Case Number:	CM15-0068566		
Date Assigned:	04/16/2015	Date of Injury:	05/08/1998
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	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: New Jersey, Alabama, 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 62 year old male who sustained an industrial injury on 5/8/98. The injured worker reported symptoms of depression. The injured worker was diagnosed as having major depressive disorder. Treatments to date have included oral pain medication, anti-depressants, and activity modification. Currently, the injured worker complains of symptoms of depression. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 2mg quantity 90 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute-Low Back, Lumbar and Thoracic (Acute and Chronic); Goodman and Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference.

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

Decision rationale: According to MTUS guidelines, Suboxone (buprenorphine) is recommended to treat opiate addiction. There is no evidence or documentation of opioid addiction in this case. Furthermore, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. There is no documentation of functional improvement with previous use of Norco. The patient has a history of COPD and the use of narcotics may interfere with his condition. Therefore, the prescription of Buprenorphine 2mg quantity 90 with one refill is not medically necessary.