

<b>Case Number:</b>	CM15-0075097		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Emergency 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 52-year-old male patient who sustained an industrial injury on 10/06/2000. A follow up visit dated 07/07/2014 reported subjective complaints of neck, low back, right upper extremity, right lower extremity, and ongoing headaches. The patient reported the Hydrocortisone in not effective and multiple requests for a spine consultation noted denied. Diagnostic testing to include: computerized tomography study, magnetic resonance imaging. He is diagnosed with cervical radiculitis; status post cervical fusion; lumbar radiculitis; status post fusion, lumbar; headaches; chronic pain, and status post right shoulder surgery times three. He is currently not working and is considered temporary totally disabled to remain off from work for one month. The plan of care described recommendation for spine consultation, urology consultation, Vesicare, and follow up in three months' time. A recent visit dated 03/23/2015 reported subjective complaints of chronic gastric issues, continued episodes of incontinence, neck, low back, ongoing headaches and insomnia. The patient noted the current medications do help with reduction of pain, but he would like to try Suboxone. He is awaiting a spine consultation visit on 04/13/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 27-28, Buprenorphine Page(s): 27-28.

**Decision rationale:** The requested Buprenorphine 2mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is “Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction.” The injured worker has complaints of chronic gastric issues, continued episodes of incontinence, neck, low back, ongoing headaches and insomnia. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Buprenorphine 2mg #60 is not medically necessary.