

Case Number:	CM15-0097431		
Date Assigned:	05/29/2015	Date of Injury:	02/03/1999
Decision Date:	07/07/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/21/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 54-year-old male who sustained an industrial injury on 02/03/1999. Diagnoses include lumbar degenerative disc disease, spinal stenosis of the lumbar region, facet arthralgia, lumbar radiculopathy, chronic pain due to trauma, postlaminectomy syndrome of the cervical spine and lumbar spondylosis without myelopathy. Treatment to date has included medications, lumbar epidural steroid injections, facet injections, cervical fusion x two, trigger point injections and physical therapy. According to the progress notes dated 4/10/15, the IW reported moderate to severe back pain radiating to the left lower extremity. The pain was located in the neck, lower back and gluteal area. The symptoms were relieved by medications. He rated the pain 10/10 without medications and on average, 9/10. On examination, there was tenderness to the cervical spine, painful range of motion and crepitus. The lumbar spine to the sciatic notch was tender to palpation and mild muscle spasms were present. Range of motion was painful and restricted on extension. Straight leg raise was positive on the left and FABER's test was negative bilaterally. The IW has had inconsistent urine toxicology testing. He explained that he stopped taking Norco each month a few days before his appointment to enable him to tell the provider exactly where his pain was located. Thus, his tests were not showing Norco. There were also incidents in the past of the IW running out of medication early and once he lost his meds. The provider was tapering him off the Norco for these reasons. A request was made for Buprenorphine HCl 8mg #120 as an opioid replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL 8mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Buprenorphine for chronic pain (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with back pain radiating to upper extremity and lower extremity rated 10/10 without and 4/10 with medications. The request is for BUPRENORPHINE HCL 8MG #120. The request for authorization is dated 04/17/15. The patient is status-post fusion C5-C7, 2001 and 2002. Physical examination reveals tenderness of the cervical spine. Moderate pain with range of motion. With medications the patient is able to struggle but fulfills daily home responsibilities. CURES last addressed on 11/19/14. UDS on 11/07/14. Patient's medications include Aspir-81, Pepcid, Ambien, Norco and Buprenorphine. Per progress report dated 05/15/15, the patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 04/17/15, treater's reason for the request is for an opiod replacement for Norco. This appears to be the initial trial prescription for Buprenorphine. Since this is the initial trial of Buprenorphine, the treater has not had the opportunity to document the efficacy of this medication. Therefore, the request IS medically necessary.