MAXIMUS Federal Services

Case Number:	CM14-0153415		
Date Assigned:	09/23/2014	Date of Injury:	12/27/2006
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury on 12/27/2006 due to an unknown mechanism. Diagnoses were pain in joint, lower leg; pain in joint, ankle and foot; and sprain/strain, lumbar region. An examination revealed the injured worker complained of anxiety, depression, and hallucinations, but denied suicidal thoughts. The injured worker has a history of ankle surgeries times 5 from 2007 to 2010. MRI dated 03/07/2011 revealed interval instrumentation of the ankle with metallic artifact completely obscuring the previously noted large medial talar dome osteochondral lesion of the talus; the smaller lateral osteochondral lesion of the talus had less edema than previously seen, but still showed an area of flattening, an abnormal signal; no free fragment noted; suspect there was healing in the interval; probable disruption of the anterior talofibular ligament without change; the calcaneofibular ligament was only partially seen, but appeared unchanged since prior study; obscuration of the deltoid ligament by metallic artifact. Medications were naproxen, amitriptyline, buprenorphine, Cymbalta, bisoprolol hydrochlorothiazide, fish oil and vitamin/calcium. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPRENORPHINE 0.1 MG SUBLINGUAL TROCHES #30 PC #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): page 78.

Decision rationale: The decision for buprenorphine 0.1 mg sublingual troches #30 PC #90 is not medically necessary. The Official Disability Guidelines recommend ongoing management. There should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Objective functional improvement was not reported. The efficacy of this medication was not reported. The 4 A's for ongoing management of an opioid medication was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.