

<b>Case Number:</b>	CM14-0052776		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/20/1991
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Arizona. 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:

This is a 62-year-old who sustained a back injury many years ago on May 20, 1991. Since then he has ongoing and persisting back pain. He has undergone significant management and is considered to be suffering from failed back syndrome. He has undergone surgical procedures in 1982, 1995 and 1999. He has an intrathecal pump for restriction of opiates for pain management. He has been seen by his treating physician recently and a request was made for continued prescription of Vicodin tab-hydrocodone bitartrate acetaminophen. Review of the records also reveals that he continues to receive medication via the intrathecal pump. A reviewer did not certify the need to continue hydrocodone on April 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin Tab - Hydrocodone Bitartrate Acetaminophen, USP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Chronic pain, pages 78-79. Chronic use of opiates is not recommended and gradual taper off should be considered Page(s): 78-79.

**Decision rationale:** Evidence-based guidelines do not support ongoing and chronic use of opiates for back pain. Moreover, this patient is receiving much stronger drugs via the intrathecal pump. Additional administration of the oral small dose of hydrocodone is not providing the patient any benefit; therefore the ongoing use of this drug is not medically necessary. Therefore, the request for Vicodin Tab - Hydrocodone Bitartrate Acetaminophen, USP is not medically necessary or appropriate.