

<b>Case Number:</b>	CM14-0202766		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 61 year old woman with a date of injury of 3/15/10. She was seen by her provider on 11/6/14 with complaints of bilateral arm pain. She reported that her medications improved her function, mood, sleep and pain and she had 'minimal side effects'. Her medications included amitiza, butrans patch, Lortab, hydrocodone-acetaminophen, duexis, senna, pravachol, propranolol and restoril. Her exam was documented as 'unchanged from the previous visit'. Her diagnoses were disc disorder-cervical, entrapment neuropathy upper limb, pain in joint of hand and pain in joint of shoulder. At issue in this review are the medications butrans, hydrocodone-acetaminophen and duexis. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5 mcg #4 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Buprenorphine transdermal system.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic arm pain with an injury sustained in 2010. The medical course has included numerous treatment modalities. In opioid use, ongoing review

and documentation of pain relief, functional status, appropriate medication use and side effects is required. Per the guidelines, satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to Butrans to justify use. Additionally, per the guidelines, opioids are not recommended as a first line therapy for neuropathic pain. The medical necessity of Butrans is not substantiated in the records.

**90 Hydrocodone-Acetaminophen 7.5 mg-325mg/15 ml Solution 2.5-108mg/5 ml with 3:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic arm pain with an injury sustained in 2010. The medical course has included numerous treatment modalities. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Per the guidelines, satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to Hydrocodone-Acetaminophen to justify use. Additionally, per the guidelines, opioids are not recommended as a first line therapy for neuropathic pain. The medical necessity of Hydrocodone-Acetaminophen is not substantiated in the records.

**90 Duexis 800-26.6 mg with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2010. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics and NSAIDs. Per the guidelines, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to duexis to justify use. Additionally, there are no reported clinical indications, gastrointestinal symptoms or an abdominal exam to support the use of an H2 receptor antagonist. The medical necessity of Duexis is not substantiated in the records.