

Case Number:	CM15-0057420		
Date Assigned:	04/02/2015	Date of Injury:	05/18/2003
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/26/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on May 18, 2003. Initial complaints and diagnoses are not available. The injured worker was diagnosed as having cervical and lumbar herniated nucleus pulposus. Treatment to date has included MRI, off work, and medications. On January 26, 2015, the injured worker complains of continued pain and discomfort with increased tightness. Her medications provide relief. The physical exam revealed spasms and tenderness of the cervical spine and lumbar spine. There was pain with flexion and extension. The treatment plan includes oral pain, topical pain, and muscle relaxant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Vicodin is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain and function. There is no documentation of what his pain was like previously and how much Vicodin decreased his pain. There is no documentation of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Vicodin is not considered medically necessary.

Butrans patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 26-27, 74-96.

Decision rationale: The request for Butrans is medically unnecessary. According to the MTUS guidelines, buprenorphine is FDA approved to treat opiate addiction. It can be used as an option for chronic pain after detoxification in patients who have a history of opiate addiction which the patient does not have. The continued use of opiates requires ongoing review and documentation of pain relief, functional status, and appropriate medication use. There are no urine drug screens or drug contract. There is no drug plan with documentation of future goals and a plan for weaning off opiates. Because of these reasons, the medication is not medically necessary.