

<b>Case Number:</b>	CM14-0120684		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/03/1996
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 records presented for review indicate that this 64-year-old female was reportedly injured on May 3, 1996. The most recent progress note, dated August 28, 2014, indicates that there are ongoing complaints of low back pain. Pain is stated to be well controlled with Butrans patches and Vicodin. No physical examination was performed on this date. No recent diagnostic imaging studies were available for review. Previous treatment includes lumbar spine surgery, chiropractic care, epidural steroid injections, and physical therapy. A request had been made for Vicodin 5/325 and Butrans patches and was not certified in the pre-authorization process on July 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/325mg # 90 between 5/6/14 and 8/31/14:** 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): 74-78, 88, 91.

**Decision rationale:** Vicodin is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review

and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee stated to have chronic pain after a work-related injury in 1996, however a review of the available medical records fails to document any objective or clinical improvement in their pain or function with the current regimen. As such, this request for Vicodin is not considered medically necessary.

**Butrans patches 10mg # 4 between 6/3/14 and 8/31/14: Upheld**

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines Butrans patches (Buprenorphine) is recommended for treatment of opiate addiction and for treatment of chronic pain after detoxification in patients with had a history of opioid addiction. A review of the attach medical record does not indicate that the injured employee meets these criteria. As such, this request for Butrans patches is not medically necessary.

**Vicodin 5/325mg # 90 between 6/3/14 and 8/31/14:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Vicodin is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee stated to have chronic pain after a work-related injury in 1996, however a review of the available medical records fails to document any objective or clinical improvement in their pain or function with the current regimen. As such, this request for Vicodin is not considered medically necessary.