

Case Number:	CM13-0019685		
Date Assigned:	10/11/2013	Date of Injury:	07/09/1984
Decision Date:	01/03/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

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 IMR application lists the injury date as 7/9/1984, and shows a dispute with the 8/6/13 UR decision. The 8/6/13 UR decision is from [REDACTED] and was for lack of information. [REDACTED] requested a medical report to go with the authorization request, but it was not provided before the UR decision was due. The [REDACTED] letter states they received a 7/17/13 prescription from [REDACTED], but the last progress note from this doctor was dated 4/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 88-89.

Decision rationale: The Claims Administrator had denied the request for Norco because they received the 7/17/13 prescription without any medical evaluation or reports. The last report from the prescribing physician, was on 4/9/13. Additional reporting has not been provided for this IMR. Provided in the medical records for review, an AME report from 12/17/12 was submitted. The report documents use of Norco on that date, so the California MTUS Guidelines for long-term users of opioids would apply. The MTUS states a satisfactory response to opioids may be by

the patient's decreased pain levels, or improved function or improved quality of life. There was no reporting of efficacy of Norco on the 4/19/13 report, and there was no medical report corresponding to the 7/17/13 report, so the reporting does not meet the MTUS criteria for a satisfactory response. The request for hydrocodone/Acetaminophen 10/325 mg #120 is not medically necessary and appropriate.