

Case Number:	CM13-0023730		
Date Assigned:	11/15/2013	Date of Injury:	06/28/2005
Decision Date:	01/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

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 Occupational 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 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 28, 2005. In a utilization review report of September 6, 2013, the claims administrator denied a request for Lortab and denied a request for Norco. Multiple refills of each medication were sought. The applicant was complaining of low back pain radiating into the left lower extremity. It is noted that the claims administrator did later certify a prescription for Norco on October 28, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 7.5/500: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state, ongoing management in those applicants using opioids includes documentation that the applicant is receiving prescriptions from a single practitioner and from a single pharmacy. The applicant should be periodically monitored, ensured that the lowest possible dose is being prescribed to

improve pain and function and that there is no evidence of misuse, escalation, or overuse. In this case, It is unclear how much of Norco and Lortab the applicant is using. It is unclear why the applicant would be using two separate short-acting opioids, namely, Norco and Lortab, concurrently. The request is incompatible with the MTUS concept that the lowest possible dose of opioids should be prescribed to improve pain and function. The request for Lortab 7.5/500 is not medically necessary and appropriate.