

Case Number:	CM13-0066840		
Date Assigned:	01/03/2014	Date of Injury:	05/27/2004
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 patient is a 55-year-old female who reported an injury on 05/27/2004. The mechanism of injury was not provided. The patient's medications included hydrocodone since 01/2013. The documentation of 11/07/2013 revealed the physician was requesting Norco 2.5/325 to treat the patient for the diagnoses of plantar fasciitis, plantar calcaneal bursitis, and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIXTY (60) HYDROCODONE-ACETAMINOPHEN 2.5/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management, Opioids Page(s): 60, 78, 86.

Decision rationale: The MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS (visual analog scale) score and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the employee had been on the medication since 01/2013. There was a lack of documentation of the

above recommendations. Given the above, the request for 60 Hydrocodone-Acetaminophen 2.5/325mg is not medically necessary.