

<b>Case Number:</b>	CM13-0069030		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/21/2004
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 and is licensed to practice in Illinois. 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 injured worker is a 56-year-old female who reported an injury on 01/24/2004. The mechanism of injury was the injured worker was doing laundry and going out of a door and her shirt got caught on the screen door and this pulled her back causing her to fall onto her backside on some stairs. The injured worker's medication history included Omeprazole, Hydrocodone and/or Orphenadrine citrate in 2010. The documentation of 12/03/2013 revealed the injured worker was in stable condition and was getting fair control with medications and they were being well tolerated. The diagnoses included lumbar disc displacement with myelopathy, neuralgia neuritis/radiculitis, diabetes uncomplicated type 2, and hypertension HRT DIS benign. The treatment plan included Topamax 200 mg at bedtime, Norco 10/325 four to 6 per day, Norflex 100 mg 2 to 3 at bedtime, and Neurontin 300 mg twice a day as well as Vesicare and exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF HYDROCODONE/APAP 10/325MG #84:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 60-78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pharmacy purchase of Hydrocodone/APAP 10/325 mg #84 is not medically necessary.