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| Case Number: | CM13-0072206 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 12/11/2002 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 & Rehabilitation and is licensed to practice in Arizona. 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 patient suffered a work related injury on 12/11/2002. She suffered injuries when helping a client carry a Christmas tree and subsequently fell down the stairs landing on her back. The patient has a history of low back and knee joint pain since the worker's comp injury. She has been on several medications including hydrocodone, Norflex, Celebrex, topical Lidoderm as well as electrical stimulation machine. She continues to complain of pain despite taking so much medication. Imaging of the lumbar spine has exhibited degenerative changes, disc protrusion with moderate stenosis at L5-S1. The patient has also been treated for cervical and thoracic area pain secondary to strain and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #90: 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 Page(s): 108-120.

Decision rationale: The MTUS has significant discussion based on evidence-based guidelines. Opiates are recommended only for short-term use. Long-term use is accompanied by numerous

problems including addiction, side effects, depression and sedation. Therefore, the request for Hydrocodone/APAP 10/325mg #90 is not medically necessary and appropriate.