

<b>Case Number:</b>	CM14-0014949		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Nevada. 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 53 year-old female who was injured on September 8, 2011. The most recent progress note, dated February 14, 2014, indicates that the claimant continues with pain rated at 7/10. She notes that the medications are not effective and are not helping with the pain. Current medications include hydrocodone, pantoprazole, zolpidem, and amitriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE BIT/APAP:** 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 Chronic Pain Medical Treatment Guidelines MTUS opioids Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, under the heading of when to continue opioids, the recommendation is to continue opioid medications when they are helping with pain and improving function. Based on the clinical documentation provided, the claimant is not receiving pain relief from the current medication regimen, including Hydrocodone. As such, the request is not medically necessary.