MAXIMUS Federal Services

Case Number:	CM14-0017597		
Date Assigned:	04/16/2014	Date of Injury:	07/03/2008
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, and is licensed to practice in New York. 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 50-year-old man with a date of injury of July 3, 2008. He has had chronic pain since his industrial injury five years prior. The records included a qualified medical evaluation from November 15, 2013 which documents the use of norco, cymbalta and a lidoderm patch. Prior treatments have inlcuded physical and occupational therapy, braces, massage, traction, aquatic therapy, special shoes, chiropractic, acupuncture and epidural injections. His diagnoses included pain disorder with psychological and general medical conditions, cognitive disorder secondary to traumatic brain injury, post-concussive syndrome, cervical and lumbar spine disorder with radiculopathy and status post laminectomy/fusion syndrome. At issue in this review is the refill of norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OPIATES- CRITERIA FOR USE ON-GOING MANAGEMENT, CA MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20 - 9792.26 , 74-80

Decision rationale: This 50-year-old injured worker has chronic pain with an injury sustained in 2008. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. According to the chronic pain guidelines for opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The provider visits fais to document any improvement in functional status or side effects to justify long-term use. He is also taking cymbalta. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. The request for Hydrocodone/APAP 10/325 mg, 180 count, is not medically necessary or appropriate.