

Case Number:	CM14-0111876		
Date Assigned:	08/01/2014	Date of Injury:	06/06/2007
Decision Date:	09/18/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology and is licensed to practice in Georgia. 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 claimant is a 67 year old female presenting chronic pain following a work related injury on 06/06/2007. The claimant was diagnosed with lumbar disc degeneration, lumbar disc displacement, other back symptoms, neuralgia/neuritis, psychogenic pain, severe psychosis depression, anxiety state, observed mental condition nec, lumbosacral neuritis, not other-wised specified, and depressive disorder. The claimant's medications included Hydrocodone/APAP 10/325mg, Lidoderm, Lyrica, Ambien, Omeprazole, Famotidine, Estradiol and Metoprolol. The physical exam showed tenderness to palpation over the bilateral lumbar facets, positive straight leg raise bilaterally, and antalgic gait. A claim was made for Hydrocodone/APAP 5-325mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 5-325mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Hydrocodone/APAP 5-325mg #15 is not medically necessary. is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are

recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication at a higher dose of 10/325mg and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.