

Case Number:	CM14-0168294		
Date Assigned:	10/15/2014	Date of Injury:	09/04/2004
Decision Date:	11/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine and is licensed to practice in California. 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:

This case involves a female injured worker who sustained an injury on 9/4/2004 while walking into a kitchen when she slipped and fell. The patient was initially treated with conservative treatment and physical therapy. Diagnosis includes post laminectomy syndrome, depression and anxiety, medication include Norco, Gabapentin, Cymbalta, Acetaminophen, Docusate, Amitriptyline and Duloxetine. The patient underwent a spinal fusion at the L2-S1 levels and has continued to have lower back pain with radiation to the right lower extremity since then.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 5/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to guidelines continued use of opioids should only be allowed if there is improvement of pain. Also there should be no risks of addiction or dependency associated with opioid usage. There should be a pain contract in place with random urine drug screens to maintain appropriate usage of medication. Based on the patient's medical records it

shows the patient has not improved with the usage of opioids. In addition, there is a high risk of dependency and addiction based on recent diagnosis of anxiety and depression. There also is no pain contract signed. Therefore, the request for Norco is not medically necessary.