

Case Number:	CM14-0069528		
Date Assigned:	06/04/2014	Date of Injury:	03/14/2000
Decision Date:	10/23/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

The patient is a 52-year-old man with a date of injury on 03/14/2000 with mechanism of injury moving a file cabinet. The patient carries a diagnosis of back pain including thoracic degenerative disease and lumbar back pain status post fusion syndrome. Physical therapy is written in the notes but there are no reports as to outcome of how he has done. Notes state medication refills, but there really is no description of what past medications are current medications he is taking. The current request is for hydrocodone/APAP 5/500 mg number 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP (VICODIN) 5/500MG, #60: Upheld

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

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

Decision rationale: MTUS states short acting opioids are not to be used chronically for long acting pain syndromes. There is nothing in the notes to reflect pain scores and functional improvement on the current request to suggest this is acceptable for chronic treatment. Furthermore, there is no documentation of any non-opioid medication that has been tried and

failed. Based on the notes provided, short acting opioid therapy with hydrocodone/APAP is not medically necessary and the request is not certified.