

Case Number:	CM14-0087774		
Date Assigned:	07/23/2014	Date of Injury:	03/05/2006
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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, has a subspecialty in Pain Management 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 is a female patient with a date of injury of March 5, 2006. A utilization review determination dated June 4, 2014 recommends non-certification of Hydrocodone 7.5/325 mg one every 24 hours as needed #30 with 4 refills. A progress note dated May 19, 2014 identifies that the patient is doing reasonably well on current medications, the patient is moving back to Meridian. The patient was advised to consult with [REDACTED] for further advice and ongoing treatment, prescriptions were renewed, and the patient was discharged from care. No diagnoses were listed. The treatment plan is for prescription refills for Hydrocodone 7.5/325 mg #30 with 4 refills, Tramadol 50 mg #60 with 2 refills, and Soma 350 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg 1 every 24 hours as needed for pain #30/4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Norco (Hydrocodone) is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with

documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.