

Case Number:	CM14-0097461		
Date Assigned:	07/28/2014	Date of Injury:	06/11/2001
Decision Date:	11/06/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 patient is a 35 year old male with a date of injury of 06/11/2001. He stepped off a forklift onto some ice and lost his balance. He injured his back but the accepted injured body parts were neck, back and lower extremities. On 12/27/2012 his drug testing was positive for Marijuana. On 08/15/2013 it was noted that there were inconsistent drug testing with a positive testing for cannabis. It was negative for Norco. He was also prescribed benzodiazepines with opiates. He works part time for his brother. His request for hydrocodone/APAP was modified for weaning off opioids. This is an appeal. He has back pain with decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management, Page(s): 78-80..

Decision rationale: The patient documentation provided for review does not meet the MTUS Chronic Pain Medical Treatment Guidelines for Opioids On-going Management Criteria for

continued use of Opioids. Therefore, the request for Hydrocodone/APAP 10/325mg is not medically necessary.