

Case Number:	CM14-0126668		
Date Assigned:	08/13/2014	Date of Injury:	01/13/2012
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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 Geriatrics, 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 injured worker is a woman with a date of injury of 1/13/12. She was seen by her provider on 6/19/14 to follow up right knee pain and low back pain and spasms. She was taking venlafexine which had been increased and she did not note much improvement in her depression and was not sure it was helping much. Her exam showed an antalgic gait. She had normal muscle tone without atrophy in all extremity and no lesions on her extremities. Her medications included hydrocodonebit/apap and venlafexine which had been prescribed at least since 2/14 and are at issue in this review. The venlafexine was to be weaned due to lack of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone bit/apap 10/325 mg x 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80 16 123.

Decision rationale: This injured worker has chronic back and knee pain with an injury sustained in 2012. According to the guideline, in Opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory

response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 6/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. The records do not support medical necessity for Hydrocodone bit/Apap 10/325 mg x 90.