

Case Number:	CM14-0165399		
Date Assigned:	10/10/2014	Date of Injury:	11/02/2013
Decision Date:	11/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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:

There were 306 pages provided for this review. The application for independent medical review was signed on October 7, 2014. It was for an extended release hydrocodone. Per the records provided, the patient is a 37-year-old female injured back in the year 2013. She was a trying to place the patient in the middle of a seizure from a chair to the floor. The abdomen and groin, left low back in the left elbow were injured. There was mild thoracolumbar scoliosis. No recent surgery has been reported. The diagnosis was a lumbar strain and medial epicondylitis. There was an opiate contract from May 12, 2014. The medicines are Norco, 10\325 mg one half tablet four times a day. Gripping is easier with the forearm band. There is asymmetrical weight-bearing on the left lower extremity. The cadence was abnormal with a slower progression of weight bearing and reduced heel strike on the left. There was elbow tenderness to palpation. A prescription for Norco however just recently on August 4, 2014 and then one for this new one a month later, with no explanatory notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro hydrocodone extended release 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Zohydro

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: This is an extended release variety of narcotic medicine. In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.