

Case Number:	CM14-0180157		
Date Assigned:	11/04/2014	Date of Injury:	03/24/2011
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 New York and North Carolina. 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 54 year old man claiming injury 3/24/11. He has right leg sciatica and lumbar pain with chronic opioid dependence and depression. The UR completed 9/29/14 recommended that Hydro/Acet 10/325 mg #68 be dispensed without refills for the purpose of tapering every week by 10% of the original dose until 20% remains, and then decrease by 5% of the original dose per week until off. So, the original #90 was not approved, and the provider is requesting an appeal of this denial. He is considered disabled and unemployed due to chronic pain syndrome and chronic use of narcotics, per his treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydro/Acet 10/325 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 79-80.

Decision rationale: The MTUS chronic pain guidelines states that opioids are to be continued if the patient has returned to work and if the patient has improved functioning and pain. This patient has exhibited neither and has been on narcotics for several years, per report. The ongoing

use is not indicated - he is not working and he continues to have pain without improvement. The request is not medically necessary.