

Case Number:	CM14-0088516		
Date Assigned:	07/23/2014	Date of Injury:	04/26/2012
Decision Date:	09/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, shoulder, and knee pain reportedly associated with an industrial injury of April 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; at least 18 sessions of physical therapy, per the claims administrator; opioid therapy; transfer of care to and from various providers in various specialties; and anxiolytic medications. In a Utilization Review Report dated May 15, 2014, the claims administrator denied a request for hydrocodone-acetaminophen-ondansetron. The applicant's attorney subsequently appealed. The applicant did apparently undergo a knee arthroscopy procedure on April 18, 2014. On April 16, 2014, the applicant presented with low back, bilateral wrist, knee, and lower extremity pain. A variety of prescriptions were endorsed, including Flexeril, Prilosec, naproxen, Norco, and hydrocodone-acetaminophen-ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP/ONDANSETROM (5/300/2MG) #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: The request was initiated on April 16, 2014. Ninety tablets of Hydrocodone-Acetaminophen-Ondansetron were furnished, along with 120 tablets of Norco 10/325 #120. However, as noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. No rationale for provision of two separate short-acting opioids, namely Hydrocodone-Acetaminophen-Ondansetron, and Norco, in the amounts and quantities proposed, was furnished by the attending provider. Therefore, the request was not medically necessary.