

Case Number:	CM14-0091013		
Date Assigned:	07/25/2014	Date of Injury:	05/19/2002
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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:

The patient is a 63-year-old female who was injured on 05/19/2002. Prior medication history as of 09/04/2013 has included levothyroxine 125 mg and Vicodin 5 mg 500 mg (No VAS is provided). Progress report dated 06/02/2014 states the patient presented with complaints of hip joint pain, lumbago, and other chronic pain. There is no exam provided. There are no other reports providing measurable objective findings or VAS with and without medications. Prior utilization review dated 05/30/2014 states the request for Vicodin (Hydrocodone/APAP) 5/325mg #90 15-day supply is not certified. No rationale has been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin (Hydrocodone/APAP) 5/325mg #90 15 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term opioid use for the treatment of chronic, non-malignant pain

is not clearly established in the literature. This is a request for Norco for a 63-year-old female injured on 5/19/02 with chronic low back pain taking Norco on a long-term, scheduled basis. However, records fail to establish significant pathology that warrants long-term opioid use. Symptoms are not described. No physical exam findings or diagnostic studies are provided. Medical necessity is not established.