

Case Number:	CM15-0117334		
Date Assigned:	06/25/2015	Date of Injury:	07/07/2000
Decision Date:	07/30/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 59 year old male sustained an industrial injury to the back on 7/7/00. Previous treatment included physical therapy, injections and meds. In the only documentation submitted for review, a PR-2 dated 12/18/14, the injured worker complained of pain in the mid and low back. The injured worker stated that cold weather increased his symptoms. The injured worker relied on medications for symptom relief. No physical exam was documented. Current diagnosis was compression fracture at T12 and L2. The treatment plan included refilling medications (Norco, Flexeril and Motrin) and obtaining the permanent and stationary report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg, days' supply 30, qty 120, med 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chronic use Page(s): 80.

Decision rationale: CA MTUS guidelines state that the date of injury was 2000 and the patient has been prescribed chronic opioid therapy for an unspecified period of time. The request is for #120 Hydrocodone. The records submitted indicate no functional improvement or objective pain relief. There is no documentation of a physical examination, pain contract or urine drug screen. There are no long-term goals to wean the patient from opioids. Due to the lack of information submitted and chronic use of Hydrocodone without justification, the request is not medically necessary.