

Case Number:	CM13-0016961		
Date Assigned:	10/11/2013	Date of Injury:	10/08/2012
Decision Date:	01/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 forty eight year old male who reported an injury on 10/08/2012. The mechanism of injury was not provided. The patient underwent a left total hip replacement on the same date. The most recent note dated 08/22/2013 stated that the patient is in constant pain at a level of 7-8/10 on the VAS scale. He does report relief from medications and hot packs. The patient elected to have another left total hip replacement and it was done on 05/02/2013. He continued to have pain after the surgery and was referred a chronic pain specialist for weaning purposes, sometime between 05/17/2013 and 08/22/2013. There are no records of his medication management during this time as the records received were incomplete.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #50 between 7/17/2013 and 7/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69-73.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend NSAIDs for a short period of time for patients with moderate to severe knee and hip

pain. Patients with a history of high blood pressure should be monitored for worsening hypertension. Guidelines also state that doses greater than 400mg every 4-6 hours provide no further benefit and that significant clinical improvement should be documented to support an increased dose. The medical records did not indicate how long the patient had been on the medication as of the requested date, nor were there any objective findings to indicate a dose of 800mg significantly improved clinical function. Therefore, the retrospective request for Ibuprofen 800mg #50 between 07/17/2013 and 07/17/2013 is non-certified.

Hydrocodone/Acetamin #50 (6 day supply) between 7/17/2013 and 7/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioid in treating chronic pain and intermittent breakthrough pain. It is unclear how long the patient had been taking this medication, but there is note of prescription of "#60 per week until his operation is approved" in the clinical record dated 03/11/2013. There is also a note of discontinuation of this medication on an unknown date. The guidelines recommend that objective documentation of pain relief on a VAS scale, improvement in functional status, presence of side effects, and drug screens be included in the management process. There were no pain scores available for comparison, no record of functional status changes, and no drug screens included in the medical records for review. There was also no specification of strength and frequency submitted with the request. As such, the request for hydrocodone/Acetaminophen #50 between 07/17/2013 and 07/17/2013 is non-certified.

Hydrocodone/ Acetamin #50(6 day supply) between 7/23/2013 and 7/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioid in treating chronic pain and intermittent breakthrough pain. It is unclear how long the patient had been taking this medication, but there is note of prescription of "#60 per week until his operation is approved" in the clinical record dated 03/11/2013. There is also a note of discontinuation of this medication on an unknown date. The guidelines recommend that objective documentation of pain relief on a VAS scale, improvement in functional status, presence of side effects, and drug screens be included in the management process. There were no pain scores available for comparison, no record of functional status changes, and no drug screens included in the medical records for review. There was also no specification of strength and

frequency submitted with the request. As such, the request for hydrocodone/Acetaminophen #50 between 07/23/2013 and 07/23/2013 is non-certified