

Case Number:	CM13-0027318		
Date Assigned:	11/01/2013	Date of Injury:	01/17/2003
Decision Date:	01/29/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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.

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 66-year-old female who had a work injury on 1/17/03. Mechanism of injury is unclear. She had left total knee arthroplasty back in 2007. She continued to have problems with this knee. X-RAYS: revealed a radiolucent line under the tibial component. She had undergone a revision of left total knee arthroplasty 12/13/12. Current diagnoses are left TKA (total knee arthroplasty) with revision and right knee OA (osteoarthritis). 8/5/13 progress note by [REDACTED] reports decreased knee pain to tolerable limits. Physical exam shows joint lines tender for bilateral knees. A total knee arthroplasty is pending. A 10/1/12 and 12/3/12 physician note by [REDACTED] revealed that patient was prescribed Ibuprofen and Hydrocodone/acetamin (Hydrocodone Bitartrate and Acetaminophen tablet) 325mg, 7.5mg. Documentation reveals patient has a past medical history that included diabetes mellitus and hypertension. The request for Ibuprofen and Hydrocodone/acetamin (Hydrocodone Bitartrate and Acetaminophen tablet) 325mg/7.5mg was denied on a prior UR and is addressed again in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetamin (Hydrocodone Bitartrate and Acetaminophen tablet) 325mg, 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, and 79 - 81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 11 - 12, 75, and 78 - 80.

Decision rationale: Hydrocodone/acetamin (Hydrocodone Bitartrate and Acetaminophen tablet) 325mg, 7.5mg for pain is not medically necessary per the Chronic Pain Medical Treatment Guidelines. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-Going Management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The request for Hydrocodone/acetamin (Hydrocodone Bitartrate and Acetaminophen tablet) 325mg, 7.5mg is not medically necessary or appropriate

Ibuprofen tablets, 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 51, 67-70.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, studies have shown that when NSAIDs (non-steroidal anti-inflammatory drugs) are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. Additionally there is mention of patient having hypertension which is controlled on her meds on her 12/13/12 history and physical but no documentation on subsequent progress reports of blood pressure measurements. According to the Chronic Pain Medical Treatment Guidelines, All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; betablockers; or diuretics. Blood pressure should be measured as well as evidence of fluid excess in normotensive patients within 2-4 weeks of beginning treatment and on each visit. The request for Ibuprofen tablets, 600mg, is not medically necessary or appropriate.