

<b>Case Number:</b>	CM13-0055565		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/19/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 48 year old male with an injury date on 06/19/09. Based on the 10/15/13 progress report provided by [REDACTED], the patient's diagnosis include HNP at L3-L4 and L4-L5, facet joint arthropathy, status post right knee surgery, right knee ACL (Anterior Cruciate Ligament) tear, chronic right knee pain, right knee degenerative joint disease, and lumbar sprain/strain secondary to altered gait from right knee industrial injury. [REDACTED] is requesting for the following: 1) Hydrocodone 10/325 mg #90 (dispensed 10/15/13) 2) Ibuprofen 600 mg #60 (dispensed 10/15/13) The utilization review determination being challenged is dated 11/06/13 and recommends denial of both the hydrocodone and ibuprofen. [REDACTED] is the requesting provider, and he provided treatment reports from 01/10/13- 11/12/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF HYDROCODONE 10/325MG, #90 (DISPENSED 10/15/2013):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST, (HYDROCODONE) Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60, 61, 88, 89.

**Decision rationale:** According to the 10/15/13 progress report by [REDACTED], the patient presents with HNP (Herniated Nucleus Pulposus) at L3-L4 and L4-L5, facet joint arthropathy, status post right knee surgery, right knee ACL (Anterior Cruciate Ligament) tear, chronic right knee pain, right knee degenerative joint disease, and lumbar sprain/strain secondary to altered gait from right knee industrial injury. The request is for Hydrocodone 10/325 mg #90 (dispensed 10/15/13). The earliest progress report from 01/10/13 states that the patient has already been taking Hydrocodone; however, there is no indication of when this medication was first taken. Reviewing the records, there is no discussion regarding how Hydrocodone has been instrumental in improving this patient's function and quality of life. There were no pain scales provided either. The request was denied by utilization review dated 11/06/13. The rationale was that there was "no documentation of functional/vocational benefit with ongoing use." According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this patient in terms of pain and function. Therefore, the request for Hydrocodone 10/325mg, #90 (Dispensed 10/15/2013) is not medically necessary and appropriate.

**PRESCRIPTION OF IBUPROFEN 600MG, #60 (DISPENSED 10/15/2013):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60, 61, 22.

**Decision rationale:** According to the 10/15/13 progress report by [REDACTED], the patient presents with HNP(Herniated Nucleus Pulposus) at L3-L4 and L4-L5, facet joint arthropathy, status post right knee surgery, right knee ACL(Anterior Cruciate Ligament) tear, chronic right knee pain, right knee degenerative joint disease, and lumbar sprain/strain secondary to altered gait from right knee industrial injury. The request is for Ibuprofen 600 mg #60 (dispensed 10/15/13). The request was denied by utilization review letter dated 11/06/13. The rationale was that "documentation provided for review does not identify significant functional/vocational benefit with the use of NSAIDs." MTUS page 22 states "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." There is absolutely no discussion as to the effect of Ibuprofen on the patient, which the patient has been taking since 01/10/13. MTUS page 60 states that for medication use in chronic pain, pain and function needs to be documented. Therefore, the request for Ibuprofen 600mg, #60 (dispensed 10/15/2013) is not medically necessary and appropriate.

