

Case Number:	CM14-0009692		
Date Assigned:	02/21/2014	Date of Injury:	12/18/2000
Decision Date:	09/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 60-year-old woman with a date of injury of 12/18/2000. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 03/06/2013 and by [REDACTED] dated 12/12/2013 indicated the worker was experiencing pain in both wrists causing decreased overall function. Documented examinations described decreased wrist motion, tenderness, and a positive Tinel's test. The submitted and reviewed documentation concluded the worker was suffering from tendonitis in both wrists. Recommended treatments included continued stretching and home exercise program, replacement of wrist supports, and the worker was advised to provide the most recent laboratory blood test reports. [REDACTED] note dated 03/06/2013 recorded continued opioid medication with a decreased number of pills and encouragement to decrease its use. [REDACTED] note dated 12/12/2013 indicated an apparent increase in dose and quantity of the opioid medication. A Utilization Review decision by [REDACTED] was rendered on 01/10/2014 recommending non-certification for Motrin (ibuprofen) 600mg #120 and Norco (hydrocodone with acetaminophen) 10/325mg #90. Urinary drug testing reports from 03/06/2013 and 12/12/2013 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: Motrin (ibuprofen) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was suffering from wrist tendonitis. The symptom intensity was rated as moderate on average and severe at its worst. Intensity was improved with the use of medication without negative side effects. The providers were monitoring laboratory blood tests to limit potential complications related to prolonged therapy. In the light of such evidence, the current request for Motrin (ibuprofen) 600mg #120 is medically necessary.

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combined medication that includes an opioid and another pain reliever. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed documentation indicated the worker was suffering from wrist tendonitis. The symptom intensity was rated as moderate on average and severe at its worst. Intensity was improved with the use of medication. The providers were monitoring urinary drug screening tests to limit potential complications. While not all of the above elements of the pain assessment were documented in the reviewed records, these elements are Guideline suggestions, not requirements. In light this supporting evidence, the current request for Norco (hydrocodone with acetaminophen) 10/325mg #90 are medically necessary.