

Case Number:	CM14-0126287		
Date Assigned:	08/13/2014	Date of Injury:	06/03/2002
Decision Date:	11/17/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Alabama, New York, and 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 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:

This is a 49 year old female who injured her neck and lower back in 2002 while lifting heavy object. She underwent an anterior cervical fusion at C5-6 prior to 2009. The most recent MRI of her cervical spine on 3/3/14 noted trace progression of the C4-5 changes with mild left neural foraminal narrowing. Her MRI of the lumbar spine on 8/5/13 was consistent with L5-S1 annular tear with a left lateral disc buldge that extends into the left lateral recess with mild left foraminal stenosis. She recently presented to her physician on 6/5/14 complaining of low back pain with left sided radicular pain in the foot, with a 5/10 pain intensity. Lumbar facet palpation was not painful ; lumbar flexion, and rotation was mildly restricted and SI joint palpation was painful on the left. There was no trigger points palpated in the lumbar muscles. She has been taking Hydrocodone/Ibuprofen since 1/2014 and is requesting for more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Ibuprofen tab 7.5/200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen (Vicoprofen; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

Decision rationale: The CA MTUS CPMT recommends vicoprofen (hydrocodone/ibuprofen) for short term use only. This is due to the dependency and side effects. Therefore, the request for disputed issue Hydrocodone/Ibuprofen tab 7.5/200mg #30 is not suitable for chronic pain management and is not a medical necessity.