

Case Number:	CM14-0164210		
Date Assigned:	10/09/2014	Date of Injury:	01/24/2011
Decision Date:	11/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Pain Medicine, and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/24/11. She continues to be treated for bilateral knee pain. She was seen by the requesting provider on 10/02/14. She remains at permanent partial disability. She had pain rated at 3/10. Urine drug screening test results in September 2014 were reviewed and had been consistent with prescribed medications. Current medications were Hydrocodone 7.5/200 mg two times per day, Tramadol 37.5/325 mg two times per day, Lidoderm, Bupropion XL, Montelukast, Buspirone, Pantoprazole, and Maxalt. Physical examination findings included medial right knee tenderness with decreased and painful range of motion bilaterally. She had left medial knee and patellar tenderness with edema. She had an antalgic gait. Authorization for medications and a series of Synvisc injections was requested. Hydrocodone/Ibuprofen is referenced as providing 50% pain relief with improved activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Ibuprofen 7.5/200 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, (2) Opioids, Dosing p86 Page(s): 76-80.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for bilateral knee pain. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. 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. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with her history of injury and surgery. Vicoprofen Hydrocodone / Ibuprofen) is a short acting combination opioid often used for intermittent or breakthrough pain and control of inflammation. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Vicoprofen was medically necessary.