

Case Number:	CM15-0000007		
Date Assigned:	01/09/2015	Date of Injury:	08/07/1998
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 female, who sustained an industrial injury on August 7, 1998. She has reported injury to her neck, shoulder, upper extremities and left knee. The diagnoses have included left knee pain status post total knee replacement, degenerative joint disease of the right knee and cervical myofascial pain. Treatment to date has included TENS unit and medications. Currently, the injured worker complains of neck, bilateral shoulder, bilateral upper extremity and bilateral knee pain. The pain was noted to be improved with medications. With medications, she was noted to perform chores, dishes, vacuuming and cleaning. Without the medications, she felt like these activities would be greatly decreased. She uses her TENS unit everyday when pain becomes aggravated. On December 11, 2014, Utilization Review non-certified hydrocodone-acet 10/325mg #120 and ibuprofen 800mg #45, noting the MTUS Guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of hydrocodone-acet 10/325mg #120 and ibuprofen 800mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acet 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning Medications Page(s): 74-95; 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. 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. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. 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 MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in lower back, both knees, neck, and both arms. While there was no documented individualized risk assessment, the pain assessments did include most of the elements recommended by the Guidelines, and the worker had significantly improved pain intensity with this medication. In light of this supporting evidence, the current request for 180 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is medically necessary.

Ibuprofen 800mg #90: Overturned

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

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

Decision rationale: Ibuprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use 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 records indicated the worker was experiencing pain in lower back, both knees, neck, and both arms. While there was no documented individualized assessment of the worker's risk factors, the pain assessments did include most of the elements recommended by the Guidelines, and the worker had modestly improved pain intensity with this medication. In light of this supportive evidence, the current request for ninety tablets of ibuprofen 800mg is medically necessary. The Guidelines also stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. It was noted that laboratory blood

testing had last been reported on 03/25/2014, and closer monitoring overall should be considered.