

Case Number:	CM15-0188444		
Date Assigned:	09/30/2015	Date of Injury:	03/28/1994
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on 3-28-1994. The injured worker is undergoing treatment for: right elbow pain. On 3-3-15, she reported right elbow pain. She indicated she was taking fewer pills and is down from 1.5 every 3-4 hours to 1 every 4-5 hours. Her pain is not rated. On 4-2-15, there are no significant changes noted. On 6-17-15, her pain for the right elbow is 8 out of 10, least reported 1 out of 10, average 6 out of 10, pain 30 minutes after opioid 3 out of 10. On 9-14-15 a notation of a peer to peer conversation indicated there was need for a pain contract, risk assessment profile, and urine drug screen. A tapering program was approved for her medications. Objective findings are noted as a signed contract being obtained. Her right elbow is tender and right trapezius is tender. There is full range of motion of the right elbow noted. Her current pain is rated 8 out of 10, least reported pain 1 out of 10, average pain 6 out of 10, pain 30 minutes after opioid is 3 out of 10. Her activities of daily living are improved with no adverse side effects and no aberrant behaviors. The treatment and diagnostic testing to date has included: serum drug screen (date unclear) is noted to be positive for hydrocodone. Medications have included: Gabapentin is noted to make her sleepy and was stopped on her own; Hydrocodone-ibuprofen. Current work status: disabled, maximum medical improvement. The request for authorization is for: hydrocodone-ibuprofen 7.5-200mg quantity 140. The UR dated 9-15-2015: non-certified the request for hydrocodone-ibuprofen 7.5- 200mg quantity 140. The patient had received an unspecified number of PT visits for this injury. The medication list include Gabapentin, Ibuprofen and Hydrocodone. The patient sustained the injury due to cumulative trauma. The patient's surgical history include C- section.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Ibuprofen 7.5/200mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request: Q--Hydrocodone/Ibuprofen 7.5/200mg #140. This medication is a COMBINATION of an opioid analgesic with a NSAID- ibuprofen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) and other non opioid medications (antidepressants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The need for Hydrocodone on a daily basis with lack of documented improvement in function is not fully established. The medication also includes Ibuprofen which is a NSAID. A detailed rationale for prescribing the Hydrocodone and Ibuprofen together, in the same tablet, was not specified in the records specified. The medical necessity of Hydrocodone/Ibuprofen 7.5/200mg #140 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.