

<b>Case Number:</b>	CM15-0194135		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 male, who sustained an industrial-work injury on 4-2-12. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spinal stenosis. Treatment to date has included pain medication including Voltaren, Orphenadrine, Ibuprofen-Hydrocodone since at least 3-5-15, diagnostics, laminectomy, cervical fusion, physical therapy, activity modifications, and other modalities. Medical records dated 8-18-15 indicate that the injured worker complains of neck pain that radiates to both shoulders. He reports relief of pain with medications. The work status is not noted. There is no previous urine drug screen reports noted. The physical exam dated 8-8-15 reveals tenderness to palpation about the base of the cervical spine and bilaterally about the cervical paraspinal muscles. There was guarding noted with neck motion and moderate pain at the extremes of motion. The physician indicates that without the medication the VSAS score is 61 and with the medication it is decreased to 22. The injured worker reports that his function improves with use of the medication. The request for authorization date was 8-18-15 and requested service included Ibuprofen-Hydrocodone 200-7.5mg #120. The original Utilization review dated 9-18-15 non-certified the request for Ibuprofen-Hydrocodone 200-7.5mg #120 as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen/ Hydrocodone 200/7.5mg #120: 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:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of ibuprofen/hydrocodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore is not medically necessary.