MAXIMUS Federal Services

Case Number:	CM15-0205589		
Date Assigned:	10/22/2015	Date of Injury:	03/28/1994
Decision Date:	12/03/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: New Jersey
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 was diagnosed as having lateral epicondylitis, right elbow. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of burning right elbow pain and burning in the scapula. She reported "multiple aches and pains" and complained that she did not think she could taper off medications. Pain was rated 8 out of 10 currently, 6 on average, and 1 at the least (unchanged from 9-14-2015). She reported that medication allowed for analgesia, "activities of daily living are improved", and denied side effects from medication. Allergies were documented as Cortisone and Tylenol and medical history included hypertension. Objective findings included tenderness along the outside of the right elbow and right trapezius, full range of motion in the elbow, and pain with resistance to dorsiflexion in the right arm. Serum drug panel was documented as positive for Hydrocodone and negative for 50 other items. A signed pain contract was referenced. Medication use included Gabapentin and Hydrocodone-Ibuprofen 7.5-200mg every 4 hours as needed (since at least 4-2015). Failed tapering of Vicoprofen was noted in 5-2015. Work status was "MMI, disabled". The treatment plan included Hydrocodone-Ibuprofen 7.5-200mg #120, non-certified by Utilization Review on 10-13-2015.

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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, NSAIDs (non-steroidal anti-inflammatory drugs), Weaning of Medications.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. The MTUS Guidelines also state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. The worker in this case had been using Hydrocodone/ibuprofen chronically leading up to this request. It was stated in the notes that she had been weaning down over time, however, there was not enough evidence provided that she was weaning over the prior months leading up to this request. The notes stated she was taking 100 pills monthly prior to this request for 120 additional pills, which is suggestive of an increase and not a wean if this is accurate. At least a decrease to 90 pills per month would be more appropriate. Regardless, there was insufficient evidence of clear functional gain with its use. In addition, chronic NSAID use is relatively contraindicated in this worker (age, hypertension). Therefore, this request for refill as written will be considered medically unnecessary at this time. Further weaning is, however, appropriate.