

Case Number:	CM15-0035308		
Date Assigned:	03/03/2015	Date of Injury:	03/01/1999
Decision Date:	04/14/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/25/2015

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:

This is a 68 year old female patient who sustained an industrial injury on 03/01/1999. She sustained the injury due to cumulative trauma. Diagnoses include secondary osteoarthritis of the left thumb, hip pain and convulsive disorder. Per the physician progress note dated 02/20/2015 she had complains of pain in her left hand with more numbness, which has been present for at least the last 5 years. Physical examination revealed osteoarthritic changes of the hands, no synovial thickening, no redness or warmth. The medications list includes fluticasone nasal suspension, proair HFA, Qvar, HCTZ, lisinopril, Hydrocodone/ APAP, ibuprofen, levetiracetam, vitamin E, niacin, fish oil, zetia, oxybutynin, calcium, vitamin B complex, magnesium and prilosec. She has undergone left thumb carpometacarpal arthroplasty in 1999; revision surgery with tendon graft on 2/23/2001; left shoulder surgery in 1991. She has had physical therapy visits and injections for this injury. Treatment requested is for Hydrocodone/APAP (dosage & quantity unspecified), and Ibuprofen 600mg. On 02/25/2015 Utilization Review partially certified the request for Hydrocodone/APAP (dosage & quantity unspecified) to Hydrocodone/APAP for a one month supply and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines Medical Treatment Guidelines. The request for Ibuprofen 600mg was partially certified to Ibuprofen 600mg a one month supply and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (dosage & quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Request: Hydrocodone/APAP (dosage & quantity unspecified). Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "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 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 objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines 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. A recent urine drug screen report is also not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Hydrocodone/APAP (dosage & quantity unspecified) is not established for this patient at this time.

Ibuprofen 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Request: Ibuprofen 600mg. Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had left hand pain with more numbness, which has been present for at least the

last 5 years. Physical examination revealed osteoarthritic changes of the hands. She is having history of two left thumb surgeries. NSAIDs are considered first line treatment for pain and inflammation. The request for Ibuprofen 600mg is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.