

Case Number:	CM15-0047817		
Date Assigned:	03/19/2015	Date of Injury:	03/13/2002
Decision Date:	05/05/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male, who sustained an industrial injury on March 13, 2002. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having radiculopathy. Treatment to date has included medications, urine drug testing. A urine drug screen on February 24, 2014, reveals use of Morphine, Hydrocodone, Hydromorphone, Norhydrocodone, and Oxymorphone. No other medical records are available for this review. The Utilization Review was utilized for this review and indicates the injured worker to utilize a spinal cord stimulator, and reports her pain to be 10/10 before reprogramming and 7/10 on a pain scale after the reprogramming. A topical non-steroidal anti-inflammatory drug was requested to avoid oral non-steroidal anti-inflammatory drugs, and recommendation of weaning of the Hydrocodone 10/325mg was made. The request is for Fenoprofen 400mg #60, and Hydrocodone 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rationale behind using Fenopufen Calcium. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Fenopufen to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify continuous use of Fenopufen. There is no documentation of pain and functional improvement of previous use of Fenopufen. Therefore, the request for Fenopufen 400mg #60 is not medically necessary.

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Hydrocodone. Hydrocodone was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, Prospective request for 1 prescription of Hydrocodone 10/325mg #120 is not medically necessary.