

<b>Case Number:</b>	CM15-0049019		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 35 year old female, who sustained an industrial injury on December 8, 2009. She reported pain in the neck, left elbow pain, low back pain and left knee pain. The injured worker was diagnosed as having status post cervical surgical intervention, post operative right cervical radiculopathy, status post right cubital tunnel release, left greater than right lumbar radiculopathy, chronic intractable pain, grade I retrolisthesis and lumbar facet arthropathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, conservative therapies, medications and work restrictions. Currently, the injured worker complains of pain in the neck, left elbow pain, low back pain and left knee pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 27, 2015, revealed continued complaints of pain. She was noted to be slow to rise from sitting to standing. Medications including Motrin and Vicodin were renewed and a medial facet joint block was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Vicodin 5/300mg #90 (DOS: 02/27/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Vicodin 5/300 mg #90 date of service February 27, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post C6 - C7 ACDF; post operative right cervical radiculopathy; status post right cubital tunnel release with subluxing ulnar nerve; lumbar radiculopathy; chronic intractable pain; grade 1 retrolisthesis L2 on L3; and L4 - S1 facet arthropathy. Subjectively, the injured worker has a VAS pain scale of 6-8/10 without medications and 3-4/10 with medications pursuant to an October 17, 2014 progress note. A progress note dated February 27, 2015 progress note shows a VAS pain scale 6-7/10 without medications and a VAS pain scale 4/10 with medications. It appears from the documentation subjective symptoms have increased over subsequent months while taking Vicodin 5/500 mg and Motrin 800 mg. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation with objective functional improvement as it relates to ongoing Vicodin use. Consequently, absent compelling clinical documentation with objective functional improvement, detailed pain assessments and risk assessments with worsening subjective VAS pain scales, retrospective Vicodin 5/300 mg #90 date of service February 27, 2015 is not medically necessary.

**Retrospective: Motrin 800mg #90 (DOS: 02/27/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg #90 date of service February 27, 2015 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one

drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are status post C6 - C7 ACDF; post operative right cervical radiculopathy; status post right cubital tunnel release with subluxing ulnar nerve; lumbar radiculopathy; chronic intractable pain; grade 1 retrolisthesis L2 on L3; and L4 - S1 facet arthropathy. Subjectively, the injured worker has a VAS pain scale of 6-8/10 without medications and 3-4/10 with medications pursuant to an October 17, 2014 progress note. A progress note dated February 27, 2015 progress note shows a VAS pain scale 6-7/10 without medications and a VAS pain scale 4/10 with medications. It appears from the documentation subjective symptoms have increased over subsequent months while taking Vicodin 5/500 mg and Motrin 800 mg. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Motrin has been prescribed as far back as 2013. There appears to be an increase in subjective pain based on the VAS pain scales despite the use of ongoing Motrin 800 mg. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines at the lowest dose for the shortest period, retrospective Motrin 800 mg #90 date of service February 27, 2015 is not medically necessary.