

<b>Case Number:</b>	CM15-0053248		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, 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 50-year-old female who sustained an industrial injury on 1/28/09. The mechanism of injury was not identified. She currently complains of back pain and right knee pain with radicular symptoms in her bilateral lower extremities. Medications are ibuprofen and hydrocodone. Diagnoses include cervical/thoracic strain/mild arthrosis; right shoulder status post arthroscopic labral debridement and rotator cuff repair; right elbow status post ulnar collateral ligament reconstruction; right elbow cubital tunnel syndrome; right carpal tunnel syndrome; lumbosacral strain/arthrosis/discopathy with foraminal stenosis; right knee status post arthroscopic partial medial meniscectomy; post-traumatic migraine headaches; status post left foot contusion; psychiatric complaints and sleep disturbances. Treatments to date include medications, cortisone injections in the right knee with temporary relief, home exercise. Diagnostics include MRI lumbar spine (no date) showing disc protrusion. In the progress note dated 2/24/15 the treating provider's plan of care requests refill on hydrocodone and ibuprofen for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg (Unspecified Qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, Nonselective NSAIDs section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of her pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 800mg is not medically necessary.

**Hydrocodone 10/325 mg (Unspecified Qty):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**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, Norco (Hydrocodone/Acetaminophen) 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, the prescription of Hydrocodone 10/325mg is not medically necessary.