

Case Number:	CM15-0086461		
Date Assigned:	05/08/2015	Date of Injury:	06/11/2010
Decision Date:	06/11/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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 46-year-old female, who sustained an industrial injury on 06/11/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The documentation provided did not indicate the injured worker's diagnoses but did note that the injured worker had moderate narrowing of the left neural foramina at lumbar three to four and severe foraminal narrowing at lumbar five to sacral one as revealed on magnetic resonance imaging from 02/26/2014. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, x-ray of the lumbar spine, and steroid injection to the left greater trochanteric bursa. In a progress note dated 02/12/2015 the treating physician reports tenderness through the paralumbar region, severely limited range of motion to the thoracolumbar spine, and a slightly positive straight leg test bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pharmacy purchase of Hydrocodone/ Ibuprofen 7.5mg #120 (DOS 02/12/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, AND Opioids Page(s): 67-73, 78-96.

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. 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. In the case of this worker, medical records provided noted prior use of the medication, Vicoprofen, for pain management, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of this medication and after use of this medication to indicate the effects with the use of Vicoprofen. Also, the documentation provided did not indicate if the injured worker's experienced any functional improvement with use of Vicoprofen. The treating physician requested the medication Vicoprofen (Ibuprofen/Hydrocodone) 200/7.5mg with a quantity of 120mg, but the progress note did not indicate the specific reason for the requested medication. Also, chronic use of NSAIDs for the diagnoses listed is not recommended. Therefore, considering the factors above, the request for hydrocodone/ibuprofen will be considered medically unnecessary.