

Case Number:	CM14-0088139		
Date Assigned:	07/23/2014	Date of Injury:	02/02/2011
Decision Date:	12/31/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old female patient with an injury date of 02/02/2011 and no descriptive cause denoted within the provided documentation. She is being seen for a follow up visit on 01/29/2014 and is noted with complaint of neck and left shoulder pain which is unchanged and she continues with regular work duty. She was diagnosed with neck sprain and strain, rotator cuff capsule sprain/strain and chronic pain syndrome. Objective findings showed neck tender on cervical paraspinal area and left suprascapular area; along with tenderness upon left rhomboid. She was noted with full range of motion to the left shoulder. The plan of care involved continuing current medication regimen and recommending home exercise. Another follow up visit dated 03/27/2014 revealed the injured worker initiating an online exercise class regarding how to sit properly. Status quo next follow up in three months. A request for services to include the following: Hydrocodone/Acetaminophen, and Ibuprophen prescriptions dated 07/23/2014. Utilization Review denied request on 05/29/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen tab 4/325mg 1 tab orally every 12 hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain and strain, cervical myofascial syndrome, rotator cuff (capsule) sprain and strain, and chronic pain syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Hydrocodone/Acetaminophen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Acetaminophen use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Acetaminophen tab 4/325mg 1 tab orally every 12 hrs #90 is not medically necessary.

Ibuprofen tab 800mg 1 tab orally 3x daily 30 days #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and specific drug I.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck sprain and strain, cervical myofascial syndrome, rotator cuff (capsule) sprain and strain, and chronic pain syndrome. In addition, there is documentation of chronic pain. However, given documentation of ongoing treatment with Ibuprofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date. Therefore, based on

guidelines and a review of the evidence, the request for Ibuprofen tab 800mg 1 tab orally 3x daily 30 days #90 is not medically necessary.