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| Case Number: | CM14-0092005 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 10/09/1995 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/29/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 Occupational Medicine 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:

The claimant was injured on 10/09/95. Hydrocodone and ibuprofen are under review. He injured his back while moving tires. He is status post lumbar surgeries in 1999 and 2002 and spinal fusion in 2007. He also had a left hip replacement in 2004, right hip replacement in 2012, and right knee surgery in 2012. He has been taking opioids and other medications for pain. He had been prescribed Celebrex but was not taking it any longer. He saw Dr. [REDACTED] on 05/14/14. He had persistent low back pain. His symptoms were intermittent and made worse by range of motion, walking long distances, but were alleviated by Norco. He has a history of rheumatoid arthritis with hip and knee arthritis. He also uses Cosamin which helps. He had limited range of motion of the lumbar spine. There was evidence of positive Tinel's sign in the wrist. On 11/22/13, his medication list included Celebrex and ibuprofen. He was diagnosed with bilateral carpal tunnel syndrome and a right middle finger trigger finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid Hydrocodone/APAP 10/325 mg #90. The California Medical Treatment Utilization Schedule (MTUS) outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. California MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Hydrocodone is unclear other than he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber at his office visits. As such, the medical necessity of the ongoing use of Hydrocodone 10/325 mg #90 has not been clearly demonstrated.

Ibuprofen 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs, Medications for Chronic Pain Page(s): 102, 94.

Decision rationale: The history and documentation do not objectively support the request for continued use of ibuprofen 800 mg for the claimant's ongoing pain. The California Medical Treatment Utilization Schedule (MTUS) p. 102 state re: Non-steroidal anti-inflammatory drugs (NSAIDs) "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer Gastrointestinal (GI) side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine,

2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." The claimant's pattern of use of this medication and objective measurable evidence of functional improvement with its use have not been documented. The use of this type of medication for continued pain flare ups prior to a trial of acetaminophen is not supported by the MTUS and ibuprofen 800 mg #60 is not medically necessary.