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| Case Number: | CM15-0019570 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 04/27/2001 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/02/2015 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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: Arizona, California
 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 48 year old male who sustained an industrial injury on April 27, 2001. He has reported a lower back injury and has been diagnosed with L5-S1 disk protrusion status post epidural injection. Treatment has included medications and epidural injections. Currently the injured worker complains of muscle tightness in the bilateral lower lumbar muscles. The treatment plan included epidural injections and medications. On January 2, 2015 Utilization Review non certified Hydro/Ibuprofen 7.5/200 mg #180 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydro/Ibuprofen 7.5/200 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/NSAIDs Page(s): 67, 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic

back pain . It is not indicated for mechanical or compressive etiologies. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Kadian (morphine) along with Vicoprofen. The pain response was noted to be 20% reduced. Prior comparison of VAS scores are not provided to monitor response trend. In addition, there is no indication of Tylenol failure. There was no indication of trial of NSAID alone for breakthrough pain with hydrocodone. The request for combined Hydrocodone/Ibuprofen is not medically necessary.