

Case Number:	CM15-0019613		
Date Assigned:	02/04/2015	Date of Injury:	12/11/2000
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
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 43 year old male, who sustained an industrial injury on 12/11/2000. He has reported left ankle injury. The diagnoses have included complex regional pain syndrome (CRPS), reflex sympathetic dystrophy of lower limb, cupital tunnel syndrome, lateral epicondylitis, lumbar disc displacement and post laminectomy syndrome of the cervical region. He is status post left ankle arthroscopic synovectomy 2001, status post cervical discectomy with fusion 8/11/14 and cupital tunnel surgery 8/11/14. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, brace, therapeutic lumbar block, cortisone injection, and acupuncture. Currently, the IW complains of continued pain and difficulty sleeping without medications. On 11/18/14, the focus of the visit was to discuss a trial for a spinal cord stimulator. No objective clinical findings were documented. The claimant was noted to taking only 3 Norco per week. On 12/24/2014 Utilization Review non-certified Ibuprofen, and modified certification for Hydrocodone 5/325mg #23, noting the documentation failed to support ongoing use of the requested treatments. The MTUS and ODG Guidelines were cited. On 1/26/2015, the injured worker submitted an application for IMR for review of Ibuprofen, Hydrocodone 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Ibuprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Ibuprofen/NSAID Page(s): 67.

Decision rationale: 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. There was no indication of Tylenol failure. The details for the use of Ibuprofen including dose/length of use was not specified, nor the reason for initiating it. The use of Ibuprofen is not medically necessary.

Hydrocodone 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 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. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone (Norco) for several months. Pain scores were not provided. The claimant only required 12 tablets per month. There was no indication for 30 tablets. . The continued use of Hydrocodone as prescribed is not medically necessary.