

Case Number:	CM15-0170837		
Date Assigned:	09/11/2015	Date of Injury:	04/17/2003
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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: 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 64 year old, male who sustained a work related injury on 4-17-03. The diagnoses have included lumbar degenerative disc disease, sciatica and displacement of lumbar intervertebral disc without myelopathy. Treatments in the past include oral medications and home exercise. Current treatments are oral medication and home exercises. Medications he is currently taking are Vicoprofen. In the progress notes dated 7-28-15, the injured worker reports continued occasional flare-ups of increased back pain. He is able to "control" his symptoms with home exercises. During his occasional flare-ups, his symptoms are reduced with the use of pain medication. Upon physical exam, he has mild tenderness to palpation over the lower lumbar spine. He has active, voluntary range of motion of the thoracolumbar spine which is restricted. Motor strength and sensation are within normal limits. He uses his pain medication "sparingly" if he is able to use other measures to help with the back pain. He is not working. The treatment plan includes requests for a refill of Vicoprofen. The Utilization Review, dated 8-24-15, modified a request for Ibuprofen-Hydrocodone 200-7.5mg #60 to Ibuprofen-Hydrocodone 200- 7.5mg #30 because the request did not meet CA MTUS guidelines and weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen-Hydrocodone 200/7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including the combination drug Ibuprofen/Hydrocodone. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 As for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 As for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Ibuprofen/Hydrocodone 200/7.5 mg #60 is not considered as medically necessary. In the Utilization Review process, the request was modified to allow for #30 tablets of the above requested medication to facilitate the weaning process. This action is consistent with the above cited MTUS guidelines.