

Case Number:	CM15-0175610		
Date Assigned:	09/16/2015	Date of Injury:	06/03/2013
Decision Date:	10/23/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 35 year old female with an industrial injury dated 06-03-2013. Medical record review indicates she is being treated for displacement of lumbar intervertebral disc without myelopathy and degeneration of intervertebral disc. She presented on 07-31-2015 with "gradually increasing symptoms of pain in her back." The provider documents the injured worker was still doing the transitional work that she was doing when she was made permanent and stationary. Documentation also noted the injured worker did not have any increased leg pain, numbness or weakness. Objective findings of the lumbar spine are documented as "mild" tenderness right greater than left lumbosacral. Range of motion was documented as: Flexion 35 degree, Extension 10 degree and pain with motion. The provider documents "her range of motion has decreased and she has some spasm in the lumbosacral region today." The provider also documents "She will be made temporarily totally disabled." Her medications included Ibuprofen and Hydrocodone. Physical therapy was requested. The progress note dated 02-20-2015 documents range of motion as: Flexion 60 degree, Extension 10 degree and pain with motion. Medications were documented as Ibuprofen and Hydrocodone. Six chiropractic treatments were requested. Submitted records are dated 02-20-2015 and 07-31-2015. The requested treatments are Ibuprofen 800 mg #60 with 2 refills and Hydrocodone/Acetaminophen 5/325 mg #60. On 08-07-2015 the request for Ibuprofen 800 mg #60 with 2 refills and Hydrocodone/Acetaminophen 5/325 mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #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, criteria for use, Opioids for chronic pain, Opioids (Classification), Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for hydrocodone/acetaminophen, California Pain Medical Treatment Guidelines state that hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone/acetaminophen is not medically necessary.

Ibuprofen 800mg #60 with 2 refills: 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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Ibuprofen 800mg #60 with 2 refills, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Ibuprofen 800mg #60 with 2 refills is not medically necessary.

