

Case Number:	CM15-0179876		
Date Assigned:	09/21/2015	Date of Injury:	10/12/2011
Decision Date:	10/27/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male who sustained an industrial injury on 10-12-2011. Current diagnoses include pain in joint shoulder-bilateral, pain in joint hand-right, trapezium-metacarpal, sprains and strains of neck, and epicondylitis. Report dated 07-30-2015 noted that the injured worker presented for postoperative evaluation following the cervical facet injections performed on 07-21-2015. The injured worker noted that since the injection his neck pain has reduced, that the radiation of the neck pain up to his head is no longer present, but does have continued neck pain with lateral movements. It was further noted that the cervicogenic headaches were reduced and pain does radiate from his neck into his bilateral cervical brachial regions. Pain level was not included. Physical examination performed on 07-30-2015 revealed painful range of motion of the neck, increased muscle tone in the trapezius, and palpable tenderness. Previous diagnostic studies included MRI's and EMG of the bilateral upper extremities. Previous treatments included medications, physical therapy, surgical intervention, and injections. The treatment plan included prescriptions for omeprazole, tramadol-apap, hydrocodone-apap, and ibuprofen, and follow up in 4 weeks. The utilization review dated 08-11-2015, non-certified the request for hydrocodone and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg 1-2 tabs daily prn #30: 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, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2011 and is being treated for chronic neck pain. When seen, there had been increased pain after cervical facet blocks, which had reduced over time. He has having less headaches. Physical examination findings included decreased and painful range of motion with trapezius muscle tenderness and increased muscle tone. Medications were refilled. Tramadol/acetaminophen and Hydrocodone/acetaminophen were being prescribed. The daily morphine equivalent doses were 22.5 mg and up to 20 mg respectively. Ibuprofen and omeprazole were also prescribed. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Another combination opioid medication is also being prescribed and an equivalent daily MED (morphine equivalent dose) which is duplicative. Continued prescribing of hydrocodone/acetaminophen is not medically necessary.

Ibuprofen 600mg one bid #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in December 2011 and is being treated for chronic neck pain. When seen, there had been increased pain after cervical facet blocks, which had reduced over time. He has having less headaches. Physical examination findings included decreased and painful range of motion with trapezius muscle tenderness and increased muscle tone. Medications were refilled. Tramadol/acetaminophen and Hydrocodone/acetaminophen were being prescribed. The daily morphine equivalent doses were 22.5 mg and up to 20 mg respectively. Ibuprofen and omeprazole were also prescribed. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has chronic pain and the requested dosing is within guideline recommendations. Therefore, the request is medically necessary.