

Case Number:	CM15-0099362		
Date Assigned:	06/01/2015	Date of Injury:	08/12/2011
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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 51 year old male, who sustained an industrial injury on 08/12/2011. Injured worker reported reinjuring neck through the base of the neck and throughout the bilateral shoulders while continuously stacking lumber. On provider visit dated 04/09/2015 the injured worker has reported joint pain and headaches. On examination the neck there was noted crepitus on range of motion. Some upper body atrophy on left anterior chest and left upper arm atrophy was noted. Left shoulder was noted to have weakness and fatigue good range of motion was noted. The diagnoses have included cervical degenerative disc disease. Treatment to date has included status post multilevel cervical fusion in 06/07/2002, consultations, facet blocks, laboratory studies and medication: hydrocodone-acetaminophen, Lunesta, Ibuprofen, Advil, Celebrex, Cyclobenzaprine, Cymbalta, Gralise, Lorazepam, Lyrica, Naprosyn, Neurontin, Nortriptyline, Palmelol and Tramadol. The provider requested hydrocodone-acetaminophen 5/325mg and Ibuprofen 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5/325mg #90 with 11 refills: Upheld

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

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 in combination with Ibuprofen for over a year without significant improvement in pain or function. In addition, future pain cannot be determined. The continued use of Hydrocodone with 11 refills is not medically necessary.

Ibuprofen 600mg #75 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In this case, the claimant had been on Ibuprofen along with opioids without significant improvement in pain or function. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In addition, future pain response cannot be determined. The continued use of Ibuprofen with 11 refills is not medically necessary.