

Case Number:	CM13-0043763		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2004
Decision Date:	07/31/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old female injured on 04/13/04 due to slipping on a wet floor resulting in strain in the right side of the neck and low back. Current diagnoses included head injury, cervical spine strain, and lumbar spine sprain. The injured worker described the pain as stiff, sore, and aching. The injured worker also reported associated headaches. Physical examination revealed tenderness to palpation of the posterior prior spinal muscles of the cervical spine, notable muscle spasm in the trapezius muscle bilaterally, decreased range of motion of the cervical spine, decreased sensation on the left second, third, fourth, and fifth fingers and lateral forearm. Physical examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles in the lower lumbar spine, muscle spasm, decreased range of motion, tenderness during range of motion, and straight leg raise positive bilaterally. The injured worker continued to complain of significant bilateral knee pain status post bilateral knee arthroscopy and morbid obesity. The injured worker continued to participate in weight loss program. Current medications included ibuprofen, tramadol, and Flexeril. The initial request for prescription of Norco 10/325mg #100 with three refills, Motrin 800mg #90 with three refills, and Percocet 5/325mg #100 was not medically necessary on 10/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG, #100 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: AAs noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg, #100 with 3 refills cannot be established at this time. Therefore, the request is not medically necessary.

PRESCRIPTION OF MOTRIN 800MG, #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, this medication is readily available in an over-the-counter formulation. As such; the request for Motrin 800mg, #90 with 3 refills cannot be established as medically necessary. Therefore, the request is not medically necessary.

PRESCRIPTION OF PERCOCET 5/325MG, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear

documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Percocet 5/325MG, #100 cannot be established at this time. Therefore, the request is not medically necessary.