

Case Number:	CM13-0067024		
Date Assigned:	01/03/2014	Date of Injury:	08/08/2007
Decision Date:	04/18/2014	UR Denial Date:	11/17/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 52-year-old male who reported an injury on 08/07/2007 and again on 11/05/2008. The patient was seen on 10/09/2013 by [REDACTED], whereupon the patient complained of pain in his neck and reported that the medications Norco, Ultram, and Anaprox had been beneficial. On the examination, the patient was noted to have cervical spine range of motion of 50 degrees of flexion, extension 60 degrees, and bilateral rotation at 65 degrees. The patient also had tightness in the cervical paraspinal musculature and was diagnosed with lateral epicondylitis of the right elbow, right shoulder impingement syndrome, a disc lesion of the cervical spine with radiculitis, and is status post right epicondylar release. The patient also has compensatory pain of the left elbow, carpal tunnel syndrome of the bilateral wrists, symptoms of anxiety, and depression, as well as symptoms of insomnia. The patient has also been declared permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66, 68, 69, 73.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS), it states that naproxen is considered a non-steroidal anti-inflammatory drug, which is used in the treatment of osteoarthritis. The use of any non-steroidal anti-inflammatory drug (NSAIDs) brings associated numerous risks and side effects, and the guidelines recommend the lowest effective dose for the shortest duration. The guidelines also recommend monitoring in patients' CBC and chemistry profile, as well as routine blood pressure monitoring. The documentation does not indicate the recommended monitoring routines have been performed and the physician has continued to prescribe this medication over a long course of treatment without having any specific functional improvements having been noted pertaining to this medication. Therefore, the continuation of naproxen cannot be established. As such, the requested service is non-certified.

Norco 10/325 mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) Guidelines, Norco is recommended for the short-term treatment of moderate to severe pain. It is also stated that for ongoing use of opioid medication, recommendation may be extended for use with documented pain relief, as well as documentation of increased functional improvement improved quality of life, and evidence of proper use of the medication. The documentation indicates the patient has been utilizing Norco since at least 02/2012; however, there are no current objective findings indicating this medication has been effective in treating the patient, to include reducing his pain and improving his functional ability, as well as improving his quality of life. Therefore, the requested service cannot be supported at this time, and is non-certified.