

Case Number:	CM13-0070774		
Date Assigned:	01/08/2014	Date of Injury:	08/08/2006
Decision Date:	06/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/23/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of August 8, 2006. A utilization review determination dated December 19, 2013 recommends non-certification of Naproxen and Norco. Non-certification of Norco is due to the patient receiving no effectiveness from the medication, the patient has been taking more Norco than prescribed, and there is no documentation that urine drug screens have been performed to monitor compliance and screen for aberrant behavior. A progress report dated October 1, 2013, indicates that the patient takes daily medication for hypertension and high cholesterol. He takes Norco three (3) to four (4) times per day and muscle relaxants and ibuprofen twice per day. He does not use any other medication. Current complaints include upper back pain and left paracervical pain, constant numbness and heaviness in the left upper extremity, and left shoulder pain. The physical examination revealed decreased range of motion, normal motor and sensory upper extremity examination, and no signs of instability in either shoulder. The diagnoses include chronic neck and upper back pain, history of two (2) neck surgeries, chronic left shoulder pain, and history of medical problems including hypertension, high cholesterol, and gastritis. Future medical treatment indicates that over-the-counter and/or prescription analgesics and anti-inflammatory medications should adequately control the patient's pain. A note dated September 10, 2013, identifies that the patient suffers from gastritis and acid reflux. A progress report dated December 11, 2013, includes subjective complaints indicating that the patient admits to not taking his medicines as prescribed. He states the medications are less effective. He presents one (1) week early for a four-week follow-up visit. He also admits to taking up to five (5) Norco some days to address his pain. Current medications include Pennsaid, Naproxen, Norco, Pristiq, Terocin, Fenofibrate orphenadrine, Hydrochlorothiazide, and Lisinopril. Objective examination findings reveal restricted cervical range of motion, and positive impingement test in the right shoulder. The diagnoses include

cervical pain, cervical facet syndrome, and posterior cervical laminectomy syndrome. The treatment plan recommends an early refill of the patient's Norco, counseling of the patient regarding appropriate Norco use, and request physical therapy. The note also indicates that the current regimen of medications optimizes the patient's function and activities of daily living, and are working well.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #60 ONE (1) TWICE-A-DAY (BID) AS NEEDED (PRN): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), Page(s): 67-72.

Decision rationale: The Chronic Pain Guidelines state that non-steroidal anti-inflammatory drugs (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 are general statements indicating that the patient's medication improves his pain and function. However, there is no specific documentation of analgesic benefit (in terms of percent pain reduction or reduction in numeric rating scale) or objective functional improvement. Additionally, the patient has gastritis complaints, gastroesophageal reflux disease and hypertension, and he appears to be using three (3) non-steroidal anti-inflammatory medications (naproxen, Terocin, and Pennsaid). The requesting physician has not identified whether he feels the benefits outweigh the risks with regards to the ongoing use of multiple NSAIDs in light of this patient's co-morbid medical conditions. However, the requesting physician has generally documented that the patient's medications improve pain and function, and clearly the patient complains of significant pain from numerous musculoskeletal locations. Therefore, a one (1) to two (2) month prescription of naproxen to allow the requesting physician time to document the above-noted issues seems reasonable. Therefore, the currently requested naproxen is medically necessary.

NORCO 10-325MG #120 ONE (1) FOUR TIMES-A-DAY (QID) AS NEEDED (PRN):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, Page(s): 76-79, 120.

Decision rationale: The Chronic Pain Guidelines state that Norco 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. These guidelines go on to recommend discontinuing opioids if there is no documentation of

improved function and pain. Within the documentation available for review, there are general statements indicating that the patient's medication improves his pain and function. However, there is no specific documentation of analgesic benefit (in terms of percent pain reduction or reduction in numeric rating scale) or objective functional improvement. It is acknowledged that the patient has had at least one instance of aberrant use of this opiate pain medication. The guidelines state that many doctors will overlook one issue of aberrant use, and warn the patient that no further misuse will be tolerated. However, more intensive monitoring is usually recommended in the form of an opiate agreement, urine drug screen, or the procurement of patient activity reports for controlled substances. The requesting physician has not yet documented whether any of these things will be implemented. However, he has generally documented functional improvement and pain reduction as a result of the current medication. Therefore, continuing to use Norco for one more month seems to be reasonable to allow the requesting physician time to document the above noted medical issues. Therefore, the requested Norco is medically necessary.