

<b>Case Number:</b>	CM13-0072454		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/24/2002
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine and Rehabilitation 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 58 year old female who reported an injury on 09/24/2002. The diagnosis consisted of cervical herniated nucleus pulposus, C4-C5, C5-C6 and C6-C7, cervical radiculopathy, C5 and C6, cervical sprain/strain, and bilateral rotator cuff tendinitis. The progress note from 12/10/2013 reported the injured worker's neck to be quite sore and painful with the pain level at 5-6/10. The cervical spine range of motion was tested, flexion 20 degrees, right/left flexion 10 degrees with pain, extension 10 degrees, right/left rotation 40 degrees. The recommendation at that time was daily cervical range of motion and strengthening exercises, local heat to the cervical region, and medications including Norco. The progress note from 04/09/2013 is when the Norco was prescribed; a range of motion testing was performed as well, flexion 30 degrees, extension 10 degrees and right/left flexion 10 degrees. The progress note from 01/15/2013 noted Prilosec, Naproxen and Valium 5mg. Valium had been prescribed monthly but on the 04/09/2013 it was increased to 10mg. From April to June, Valium was not noted on the progress report. On 06/20/2013 Valium 10mg was reported. The Naproxen and Prilosec have been on all the progress notes, however unsure when they were actually started. A progress note from 10/15/2013 noted the injured worker was having headaches due to the Norco. A pain scale was noted on 11/12/2013 with cervical spine pain rated at 6-7/10. The request of authorization was not submitted with the medical records. The request is for Norco 10/325mg #60, Naproxen 550mg #60, Prilosec 20mg #60, and Valium 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users Of Opioids Page(s): 88.

**Decision rationale:** The request for Norco 10/325mg #60 is not medically necessary. The injured worker has been on Norco for over 6 months with no signs of functional improvement. According to California Chronic Pain Medical Treatment guidelines, there have been no long-term use trials. There is therefore a lack of evidence to allow for a treatment recommendation. If use on a long-term basis, the criteria for use of opioids should be followed. The guidelines recommend re-assessment to see if the diagnosis has changed, what other medications is the injured worker taking, are the effective or producing side effects. The re-assessment also includes treatments that have been attempted since the use of opioids, how effective and for how long. The guidelines also state to document pain and functional improvement and compare to the baseline; satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Side effects should also be documented: constipation, nausea, vomiting, headache, dyspepsia, pruritis, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. And also assess if there is an indication for a screening instrument for abuse/addiction. The documentation provided did not show a functional improvement or decreased pain. There is also documentation related to side effects due to the Norco. Therefore, the request is not medically necessary.

**NAPROXEN 550MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List and Advers Effects Page(s): 70.

**Decision rationale:** The request for Naproxen 550mg #60 is not medically necessary. The injured worker has been on Naproxen for over 6 months with no documentation of effective pain management or functional improvement. According to the California Chronic Pain Medical Treatment Guidelines it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Therefore, the request is not medically necessary.

**PRILOSEC 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk.

**Decision rationale:** The request for Prilosec 20, #60 is not medically necessary. The injured worker has been on Prilosec for longer than 6 months with no evidence of GI symptoms. The California Chronic Pain Medical Treatment Guidelines recommend a proton pump inhibitor for persons at risk for gastrointestinal events. The guidelines also state long-term PPI use greater than 1 year has been shown to increase the risk of hip fractures. Therefore, due to the lack of GI symptoms and the non-certification of the concurrent request for Naproxen, the request for Prilosec is not medically necessary.

**VALIUM 10MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Valium 10mg #30 is not medically necessary. The injured worker has been on Valium for longer than 6 months with no evidence of improved pain or functional improvement. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. Therefore, due to the lack of evidence of functional improvement and pain management the request is not medically necessary.