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| Case Number: | CM14-0009465 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 08/05/2013 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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 Occupational 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 applicant has filed a claim for chronic neck pain, headaches, and shoulder pain reportedly associated with an industrial injury of August 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; and muscle relaxants. In a Utilization Review Report dated January 3, 2014, the claims administrator denied a request for Norco, Naprosyn, and Flexeril. The denial was apparently predicated on a lack of functional gain with the medications in question. The applicant's attorney subsequently appealed. In a progress note dated August 6, 2013, the applicant was asked to pursue physical therapy. Naprosyn was endorsed. The applicant was given a diagnosis of multiple soft tissue contusions. On January 8, 2014, the applicant was reportedly unchanged. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working. Epidural steroid injection therapy was sought. On December 12, 2013, the applicant was given refills of hydrocodone-acetaminophen, cyclobenzaprine, and Naprosyn. The applicant was described as remaining significantly disabled at that point in time. On December 10, 2013, the applicant was again described as reporting neck pain, mid back pain, and left shoulder pain associated with a slip and fall industrial contusion injury. The applicant was not apparently working at that point in time. The applicant's medication list was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 500MG TWICE A DAY #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 73

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. MTUS 9792.20f. Page(s): 22.

Decision rationale: No, the request for Naprosyn 500 mg is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that antiinflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, in this case, however, the applicant had seemingly used Naprosyn for some time and has failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant is off of work. The attending provider had not documented any improvement in function or reduction in dependence on medical treatment effected as a result of ongoing Naprosyn usage. The bulk of the information on file suggests that the applicant is not improving whatsoever, in terms of either pain or function, from visit to visit. Therefore, the request for continuation of Naprosyn is not medically necessary.

HYDROCODONE/ACETAMINOPHEN 5/325 EVERY 4-6 HOURS AS NEEDED #30 NO FUTURE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 91

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: The request for hydrocodone-acetaminophen is not medically necessary, medically appropriate, or indicated here. Hydrocodone-acetaminophen is a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, the applicant is off of work, on total temporary disability. The applicant did not appear to have profited from ongoing Norco usage. There is no mention of any reductions in pain scores achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.