MAXIMUS Federal Services

Case Number:	CM14-0105079		
Date Assigned:	09/24/2014	Date of Injury:	12/28/2009
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family 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 patient is a 52-year-old male, who has submitted a claim for early degenerative joint disease, bilateral knees; lumbosacaral spondylosis / strain; bilateral hip avascular necrosis s/p bilateral THA and right posterior bilateral tendinopathy associated with an industrial injury date of December 28, 2009.Medical records from 2014 were reviewed, which showed that the patient complained of bilateral knee pain. Physical examination of the knee showed bilateral tenderness at the medial and lateral patellar aspect. The patellar crunch test and Mc Murray tests were positive bilaterally. Right knee atrophy was noted. There was positive left trendelenberg gait noted. Treatment to date has included s/p THA, Mobic, Naprosyn (since April 2014), Norco (since June 2014), ibuprofen, Tylenol-codeine. Utilization review from June 24, 2014 denied the request for Naprosyn because patient is already taking Mobic. The request for Norco 5/326mg #90 was also denied because patient is already taking Tylenol-codeine. There was also no mention of pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn (unspecified amount/dose): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: As stated on page 67 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, patient has been on Naprosyn since April 2014. However, progress notes reviewed showed that the patient was also on another NSAID, Mobic. CA MTUS also states that, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. There is no clear discussion concerning the need to combine naproxen and Mobic. In addition, the request did not specify the dose, frequency, and quantity to be dispensed. Therefore, the request for Naprosyn is not medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is no prior use of Norco from the date of this request. Documents however showed that he was on ibuprofen and Tylenol/codeine since January 2014. There was no clear indication for adjuvant treatment with Norco based on the records submitted. There was also no pain contract or pain management plan mentioned on the progress notes. In addition, no urine drug screen was done prior to the start of the medication to serve as a baseline. Therefore, the request for Norco 5/325 mg #90 is not medically necessary.