

<b>Case Number:</b>	CM14-0017071		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/08/1988
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 57-year-old male who reported an injury on August 08, 1988. The mechanism of injury was a fall. The injured worker was diagnosed with lumbar radiculopathy, degenerative lumbar disease, and lumbosacral spondylosis. A clinical note dated January 13, 2014 stated that the injured worker complained of pain to the lower back. The complaint of pain level is was an 8/10 with medications and without medications is a 10/10. The injured worker reported that the pain medications last for 4 hours and he had no side effects from the medications. Physical examination revealed that the injured worker's lumbar spine range of motion was abnormal at 45 degrees of true flexion, 10 degrees of extension, 15 degrees of right lateral flexion, and 15 degrees of left lateral flexion, 10 degrees of right rotation and 10 degrees of left rotation. The injured worker had pain with the spine range of motion testing. The injured worker's ankle dorsiflexion was 4+/5 on the right side, and hip flexion is 4+/5 on the right side. Upon palpation, the injured worker had tenderness over the lumbar facet joints with the left side greater than the right and tenderness of the left medial ankle, but no swelling noted. The diagnosis for this clinical office visit remained unchanged with lumbar radiculopathy, degenerative lumbar disease and lumbosacral spondylosis. The treatment plan was to include Norco 7.5-325mg (1 tablet 4 times a day), and naproxen 500mg (1 tablet twice a day).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 500 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The California MTUS recommends naproxen at the lowest dose for the shortest period of time for patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renal vascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one (1) drug class over the other based on efficacy. The patient was not shown to have any current functional changes in pain, since he started the naproxen treatment. The guidelines state that the Naproxen is recommended at a lowest dose for the shortest period of time. The start date of Naproxen was not provided to determine necessity. Therefore, the treatment is not supported; and the request for naproxen 500mg, #60, is not medically necessary.

**NORCO 7.5-325MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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

**Decision rationale:** The California MTUS recommends short-acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant or non-aberrant drug-taking behavior. The documentation provided for review has not shown that the patient has had any decrease in pain taking the opioids. Therefore, the treatment is not supported. In addition, the details regarding the documentation for the 4 A's including analgesia, activities of daily living, adverse side effects, with aberrant and non-aberrant drug-taking behavior, or drug screens, were not provided and no objective functional gains were documented. Therefore, the request for Norco 7.5-325mg, #120, is not medically necessary.