

Case Number:	CM14-0017225		
Date Assigned:	04/14/2014	Date of Injury:	02/17/2012
Decision Date:	06/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 54-year-old female who reported an injury on 02/17/2012 due to a fall on some steps. The injured worker reportedly sustained an injury to her neck and low back. The injured worker had a history of lumbar fusion times 2. The injured worker was evaluated on 02/17/2012 and it was documented that the injured worker's medications included Norco, Cymbalta, and naproxen. The injured worker's chronic pain was managed with continued use of these medications and physical therapy. The injured worker was evaluated on 01/16/2014. It was documented that the injured worker had continued cervical spine and low back pain complaints. It was documented that the injured worker had 4/10 cervical spine pain and 6/10 lumbar spine pain. Physical findings included reduced range of motion of the cervical and lumbar spine with tenderness to palpation of the paravertebral musculature and spinous process. The injured worker's diagnoses included C5-6 spondylotic traumatic disc herniation with cord impingement, C6-7 cord impingement, C4-5 degenerative disc disease, migraine and cervical tension headaches, right shoulder bursitis, left knee surgery times 4, status post L3-4 fusion, possible carpal tunnel syndrome, and anxiety and depression. The injured worker's medications included Butrans, Inderal, Naprosyn, Norco, and Synthroid. The injured worker's treatment recommendations included continuation of aquatic therapy and a 3 month refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NORCO 1-/325MG, #120 DOS: 1/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-SPECIFIC DRUG LIST Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS; ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The retrospective request for Norco 1-325 mg #120 date of service 01/16/2014 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has 4/10 neck pain and 6/10 lumbar pain. However, there is no documentation of pain relief resulting from medication usage. Additionally, there is no documentation of functional benefit. The clinical documentation does not provide any evidence that the injured worker has assessed for aberrant behavior. Also, the request as it is written does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the retrospective request for Norco 1-325 mg #120 date of service 01/16/2014 is not medically necessary or appropriate.

RETROSPECTIVE NAPROXEN 500MG, #60 X 3 REFILLS DOS: 1/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 60 AND 67.

Decision rationale: The retrospective frequency for naproxen 500 mg #60 times 3 refills on date of service 01/16/2014 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that continued use of medications be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has 4/10 neck pain and 6/10 low back pain. However, there is no documentation of pain relief resulting from medication usage. Additionally, the clinical documentation fails to provide any evidence of functional benefit related to the injured worker's medication schedule. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the retrospective request for naproxen 500 mg #60 times 3 refills for date of service 01/16/2014 is not medically necessary or appropriate.