

Case Number:	CM14-0121147		
Date Assigned:	08/06/2014	Date of Injury:	10/01/2013
Decision Date:	10/01/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/31/2014

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:

This is a 32-year-old female with a 10/1/13 date of injury. The mechanism of injury occurred when the patient was lifting a 100 lb. box and felt a pull in his lower back with persistent pain. According to a progress report dated 6/2/14, the patient continued to have lower back pain, rated between an 8-9 on VAS. He continued to have numbness down the right lower extremity to the bottom of the foot. Patient was instructed to follow up in 4 to 6 weeks. Objective findings: antalgic gait, palpable tenderness of the paravertebral muscles, decreased sensation on the right S1 dermatome, limited ROM. Diagnostic impression: L5-S1 disc herniation, status post L5-S1 microdiscectomy; post operative right leg radiculopathy; recurrent disc herniation at L5-S1. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 7/17/14 modified the request for Norco 10/325mg #120 w/4 refills to Norco 10/325mg #90 for weaning purposes. There was no evidence of significant change in the patient's pain or any documented sustainable functional improvement. The request for Anaprox 550mg #60 w/4 refills was certified with modification to Anaprox 550mg #60 for the patient to follow-up with his provider in 4 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120 (w/ 4 refills) between 6/2/2014 and 11/7/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, a urine drug screen dated 4/25/14 was inconsistent for the use of hydrocodone. There is no documentation that the provider has addressed this issue. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Therefore, the request for Norco 10/325mg, #120 (w/ 4 refills) between 6/2/2014 and 11/7/2014 was not medically necessary.

Anaprox 550mg, #60 (w/ 4 refills) between 6/2/2014 and 11/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NDAIS's (non-steroidal anti-inflammatory's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, 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. There is no documentation of functional improvement from the patient's use of Anaprox. However, the UR decision dated 7/17/14 had modified this request to certify 60 tablets for a 1-month supply. According to the 6/2/14 report, the patient was instructed to return in 4 to 6 weeks for follow-up. There was no rationale provided as to why the patient requires a 5-month supply of medication at this time. Therefore, the request for Anaprox 550mg, #60 (w/ 4 refills) between 6/2/2014 and 11/7/2014 was not medically necessary.