MAXIMUS Federal Services

| Case Number: | CM14-0152835 | | |
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| Date Assigned: | 09/23/2014 | Date of Injury: | 03/04/2014 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/18/2014 |

## 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 and Rehabilitation, has a subspecialty in Pain Management 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 female patient with the date of injury of March 4, 2014. A Utilization Review was performed on September 12, 2014 and recommended non-certification of Norco 10/325 mg 1 PO (per mouth) q (every) 8 hours #90 and Anaprox 550 mg 1 PO BID (per mouth , 2 times a day) #60. A Progress Report dated August 29, 2014 identifies Present Complaints of lower back pain which radiates down the right lower extremity, rated between an 8-9 on VAS without use of her medications and reduces to between a 6-7 on VAS with the use of medications. Physical Examination identifies palpable tenderness of the midline lumbar spine. Decreased sensation on the left S1 more than the right L5 dermatomes. Decreased lumbar spine range of motion. 4/5 strength right ankle dorsiflexion and extensor hallucis longus. Assessment identifies lumbar strain, facet arthropathy L4-S1, and disc degeneration L5-S1. Discussion identifies refill of Anaprox 550 mg 1 po BID #60 and Norco 10/325 mg 1 po Q 8 hours #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is note that the medication is improving the patient's pain. However, there is no documentation regarding functional improvement, side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325mg #90 is not medically necessary and appropriate.

**Anaprox 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Anaprox, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is note that Anaprox is providing pain relief. However, there is no indication that Anaprox is improving the patients function and being prescribed at the lowest dose for the shortest period of time. In the absence of such documentation, the currently requested Anaprox 550mg #60 is not medically necessary and appropriate.