

Case Number:	CM14-0158876		
Date Assigned:	10/02/2014	Date of Injury:	08/14/2013
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 Practice 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:

39 yr. old male claimant sustained a work injury on 8/14/13 involving the back and knee. He was diagnosed with chronic knee pain, Lumbago and facet arthropathy. A progress note on 8/26/14 indicated the claimant had back pain with radiation to the legs. Exam findings were notable for lumbar spine tenderness, decreased range of motion of the knees and joint line tenderness. At the time the claimant was given Norco 20 mg TID and Anaprox 550 mg BID for pain. He had been on Norco and NSAIDs for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF ANAPROX DS 550MG: Upheld

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

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

Decision rationale: According to the MTUS guidelines, NSAIDs such as Anaprox are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. They are recommended as an option for short-term symptomatic relief. A Cochrane review of the

literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been on Anaprox and equivalent NSAIDs for months. There was no quantitative documentation of pain scale response or improvement. In addition, there was no mention of Tylenol failure. Long-term and continued use of Anaprox is not medically necessary.

180 TABLETS OF NORCO 10-325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for months without significant documented improvement in pain or function. The continued use of Norco is not medically necessary.