

<b>Case Number:</b>	CM14-0173684		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 47-year-old female with an injury date of 09/26/2013. Based on the 04/28/2014 progress report, the patient complains of having lumbosacral spine pain. She has paraspinal muscle tenderness bilaterally and there is pain with forward flexion. Range of motion of the lumbar spine is guarded in forward flexion. The 04/16/2014 MRI of the lumbar spine reveals the following: 1) decreased disk height with disk desiccation at L2-L3. 2) Decreased disk height with disk desiccation at L3-L4. 3) Disk desiccation at L4-L5. 4) Degenerative changes involving the left L4-L5 apophyseal joints bilaterally with associated mild to moderate spinal stenosis, and moderate bilateral foraminal narrowing. 5) Degenerative changes involving L5-S1 apophyseal joint bilaterally without significant stenosis or foraminal narrowing identified. The patient's diagnoses include the following: 1. Lumbar radiculopathy. 2. Lumbar spondylosis. 3. Sprain and strain of the lumbosacral pain. 4. Resolved sprain in both knees. The utilization review determination being challenged is dated 10/13/2014. Treatment reports were provided from 09/09/2014, 04/28/2014, 03/24/2014, 03/03/2014, and 02/10/2014 (no information provided on most recent report).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61;22.

**Decision rationale:** Based on the 09/09/2014 progress report, the patient complains of having lumbosacral spine pain. The request is for Anaprox-DS 550 mg #60. The report with the request was not provided. Review of the reports does not provide any discussion regarding the use of naproxen (Anaprox). MTUS Guidelines support the use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what naproxen has done for the patient's pain and function. Recommendation is for denial.

**Norco 5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

**Decision rationale:** Based on the 09/09/2014 progress report, the patient complains of having lumbosacral spine pain. The request is for Norco 5/325 mg #60. The report with the request was not provided. MTUS Guidelines pages 88 and 89 states, pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, there are no discussions provided on any recent urine drug screens the patient may have had. The 4As are not discussed as required by MTUS. There are no discussions regarding how the use of opiates has improved the patient's ADLs and quality of life. There are no documentations for opiate management such as urine toxicology, and adverse behavior. Recommendation is for denial.