

Case Number:	CM14-0175025		
Date Assigned:	10/28/2014	Date of Injury:	06/26/2003
Decision Date:	12/04/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/22/2014

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, has a subspecialty in Pain 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 male patient with a date of injury of June 26, 2003. The utilization review determination dated October 18, 2014 recommends a non-certification of Norco 10/325mg #360 and Anaprox DS 550mg #60. A progress note dated September 26, 2014 identified subjective complaints of ongoing lower back pain radiating down both lower extremities, and current pain level is the 6 on a scale of 0-10. The patient's spinal cord stimulator is working well with appropriate coverage of paresthesia and provides about 60% pain relief allowing him to be more active and functional. The patient has significant positional changes with the stimulator in spite of reprogramming on several occasions. The patient would like the spinal cord stimulator to be reviewed. The patient also continues complain of neck pain with associated cervicogenic headaches with radicular symptoms to both upper extremities, his current pain level is a 7 on a scale of 0-10. Vision reports that he has been able to cut back on the amount of Norco he takes on a daily basis from 10 to 8 tablets a day. The patient feels that the combination of Anaprox, Soma, and Lidoderm patch enable him to function on a daily basis. The patient will begin to taper down on Norco from 8 tablets of the two 6 tablets over the next 2 months. The patient continues to complain of abdominal pain having a diagnosis medication induced gastritis along with inflammatory bowel disease, the patient is requesting to be seen by a general internist for further evaluation along with appropriate management. Physical examination identifies significant tenderness palpation along the posterior lumbar musculature bilaterally with increase muscle rigidity noted along the lumbar paraspinal muscles, he has significant decreased range of motion of the lumbar spine, straight leg raise in the modified sitting position is positive about 45 bilaterally, and the patient has decreased sensation along the posterior lateral thigh and posterior lateral calf bilaterally in approximately the L5 distribution. The diagnoses include status post anterior cervical discectomy and fusion C5-6 and C6-7 March 15, 2007, bilateral upper extremity radiculopathy, cervical facet

arthropathy, lumbar spine sprain/strain syndrome, right lower extremity radiculopathy, positive discogram with annular fissuring at L3-4 and L4-5, reactionary depression/anxiety, medication induced gastritis, status post PLIF at L3-4 and L4-5 on September 17, 2011, hypogonadism and erectile dysfunction secondary to chronic opiate use, lumbar spinal cord stimulator implant on April 22, 2013, Crohn's disease/ulcerative colitis. The treatment plan recommends Norco #360, Anaprox #60, Prilosec #60, Xanax 0.5 mg #150, Wellbutrin #60, Neurontin #90, and AndroGel. The treatment plan recommends that the patient slowly wean off Norco 1-2 tablets over the next two months and then ask 0.5 mg a day. There is a request for authorization for removal of the patient's spinal cord stimulator, and a referral to a general internist for his diagnoses of medication induced gastritis with inflammatory bowel disorder. A urine drug screen obtained on April 8, 2014 when is positive for hydrocodone and hydroxybupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: 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.

Decision rationale: Regarding the request for Norco 10/325mg #360, 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), there is documentation regarding side effects, and there is discussion regarding aberrant use. The requesting physician mentioned that he plans to proceed with tapering down on the Norco. As such, the currently requested Norco 10/325mg #360 is not medically necessary.

Anaprox Ds 550mg #60: Upheld

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

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

Decision rationale: Regarding the request for Anaprox DS 550mg #60, 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 indication that Anaprox is providing any specific analgesic benefits and objective functional improvement. Additionally, the patient has side effects of gastritis due to the Anaprox and there is no indication that the medication is being used for the short term. As such, the currently requested Anaprox DS 550mg #60 is not medically necessary.