

Case Number:	CM14-0020950		
Date Assigned:	02/21/2014	Date of Injury:	06/18/2012
Decision Date:	07/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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 Internal 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:

The California MTUS Guidelines note that Naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The MTUS guidelines recommend Naproxen at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for the initial therapy of patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. Nonsteroidal anti-inflammatory drugs appear to be superior to acetaminophen, particularly for those with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on the efficacy. In this case, there is lack of objective findings indicating the employee to be diagnosed with osteoarthritis or tendinitis of the knee. The employee had been utilizing the medication since 07/2013. There is a lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant objective functional improvement. Additionally, the request failed to provide the frequency of the medication. Therefore, the request for Naproxen 500 mg #60 is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 500MG, #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines note that Naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The MTUS guidelines recommend Naproxen at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for the initial therapy of patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. Nonsteroidal anti-inflammatory drugs appear to be superior to acetaminophen, particularly for those with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on the efficacy. In this case, there is lack of objective findings indicating the employee to be diagnosed with osteoarthritis or tendinitis of the knee. The employee had been utilizing the medication since 07/2013. There is a lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant objective functional improvement. Additionally, the request failed to provide the frequency of the medication. Therefore, the request for Naproxen 500 mg #60 is not medically necessary and appropriate.

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 Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines notes a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opiate, how long it takes for pain relief, and how long the pain relief lasts. The MTUS guidelines recommend the use of a urine drug screener in patient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided in the clinical documentation submitted. Therefore, the request for Norco 10/325 mg #90 is not medically necessary and appropriate.