

Case Number:	CM14-0042679		
Date Assigned:	07/02/2014	Date of Injury:	12/26/2011
Decision Date:	08/19/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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 patient is a 57-year-old who has submitted a claim for chronic myofascial pain syndrome, thoracolumbar spine; and pain and numbness in left leg, most likely due to lumbosacral radiculopathy associated with an industrial injury date of December 26, 2011. Medical records from 2013-2014 were reviewed. The patient complained of constant lower back pain, rated 6-8/10 in severity. There was frequent pain and numbness and weakness in her left leg and sometimes the right leg. Physical examination showed restricted range of motion of the thoracic and lumbar spine. There were multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculatures as well as the gluteal muscles. Straight leg raise test was positive bilaterally. Lasegue's test was positive on the left. She could not perform heel-toe gait with the left leg/foot. Sensation to fine touch and pinprick was decreased in the lateral aspect of the left calf. Left ankle jerk was hypoactive. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, home exercise program, activity modification, epidural steroid injections, and trigger point injections. Utilization review, dated April 3, 2014, modified the request for Naproxen 550mg q8h #180 to Naproxen 550mg q8h #60 because a 1 month supply would be reasonable and it is generally prescribed on a twice a day basis for chronic musculoskeletal pain and inflammation. The request for Hydrocodone/APAP 2.5/325 mg q8h #180 was modified to Hydrocodone/APAP 2.5/325 mg q8h #90 because the medication is being prescribed three times a day as needed and monitoring of the medication is recommended to substantiate its ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs, page 66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDS.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been prescribed NSAIDs (Ibuprofen) since October 2013. The patient was taking Naproxen since February 2014. Long-term use is not recommended. In the recent clinical evaluation, the patient still complains of low back pain. The medical records submitted did not document pain relief and functional improvement with naproxen use. Furthermore, the medical records submitted for review do not show evidence of osteoarthritis in the patient. Therefore, the request for Naproxen 550 mg is not medically necessary or appropriate.

Hydrocodone/APAP 2.5/325 mg, 180 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Code of Regulations Title 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Hydrocodone/APA 2.5/325mg since February 2014. The most recent progress report, dated June 5, 2014, showed greater than 80% pain relief with her medications. There was improved function as the patient is able to do activities of daily living more than 50% of the time. There were no side effects noted. Urine drug screen was done on a periodic basis to monitor compliance with treatment regimen. The guideline criteria were met. Therefore, the request for Hydrocodone/APAP 2.5/325 mg, 180 count is medically necessary and appropriate.

