

Case Number:	CM14-0044845		
Date Assigned:	07/23/2014	Date of Injury:	04/06/2005
Decision Date:	09/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 6, 2005. Thus far, the applicant has been treated with the following Analgesic medications, opioid therapy, a total knee replacement, unspecified amounts of physical therapy and transfer of care to and from various providers in various specialties. In a utilization review report dated April 2, 2014, the medication Norco was approved and for tapering purposes, also approved a request Norflex, and denied the request for Norco with two refills, Tramadol two refills, Lidoderm patches, Naprosyn, and Norflex. The applicant's attorney appealed. In a March 11, 2014 progress note, the applicant presented with ongoing complaints of low back pain. One of the diagnoses included opioid dependence. The applicant did have comorbidities including diabetes and hypertension. The applicant was using Hydrochlorothiazide, Actos, Lipitor, Norvasc, and Glipizide was suggested. Limited lumbar range of motion was noted. Norco, Tramadol, Norflex, Lidoderm and Naprosyn were endorsed. The applicant had to continue permanent work restrictions. There was no mention of medication efficacy. In an earlier note of December 3, 2013, the applicant was again asked to continue medications including Norco, Tramadol, Norflex, Lidoderm, and Naprosyn. Again, there was no discussion of medication efficacy. The permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. Attending provider suggested that the applicant also had evidence of transaminitis and should therefore try to reduce his present dosage of Norco at a rate of five times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #150 - 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain achieve as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant does not appear to be working with permanent limitations in place. Said permanent limitations are made in place, seemingly unchanged, from visit to visit. The attending provider has not documented any reductions in pain or improvements in function affected as a result of ongoing Norco usage. Continuing the same, on balance, is not indicated. Therefore, the request for Norco 10/325mg #150 with 2 refills is not medically necessary.

Tramadol 50 mg #150, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, no rationale for selection and/or ongoing usage of two separate short- acting opioids, namely Norco and Tramadol, was proffered by the attending provider. Therefore, the request for Tramadol 50mg #150 is not medically necessary.

Norflex 100 mg #60, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The 60-tablet two-refill supply of Norflex proposed by the attending provider, however, implies chronic, long-

term, scheduled, and/or daily usage of Norflex. The MTUS Guidelines does not support Norco in the manner in which it is being prescribed here. Therefore, the request for Norflex 100mg #60 is not medically necessary.

Lidoderm patch 5% #60, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapeutic antidepressants and/or anticonvulsants. In this case, however, there was no explicit mention of antidepressant and/or anticonvulsant failure here. Therefore, the request for Lidoderm patch 5% is not medically necessary.

Naprosyn 550 mg #60, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 7; 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of Naprosyn has failed to diminish or curtail the applicant's dependence on other forms of medical treatment, including several opioids. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS despite ongoing usage of Naprosyn. Therefore, the request for Naprosyn 550mg #60 with 2 refills is not medically necessary.