

Case Number:	CM14-0045889		
Date Assigned:	07/02/2014	Date of Injury:	12/12/2012
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 injured worker is a 41-year-old female who reported an injury on 12/12/2012 due to walking out of the break room and falling onto a wet floor. The injured worker had a history of ongoing pain, weakness, numbness affecting the right lower extremity. The injured worker had diagnoses of thoracic strain/contusion, cervical spine sprain/strain, right wrist sprain and an L4-5 left eccentric annular disc protrusion. The injured worker had a transforaminal epidural steroid injection at the L5-S1 on 02/27/2014 with a 60% improvement of symptoms. The MRI dated 04/23/2014 revealed a 1 mm to 2 mm posterior left paracentral disc protrusion at the T1-2 anterior thecal sac, 1 mm to 2 mm posterior left paracentral disc protrusion at the C6-7 and a 2.2 cm lesion within the posterior right hepatic loop which would represent a cyst. The MRI dated 05/15/2014 revealed a 4 mm annular disc protrusion to the right proximal foramen and deforming the existing right L5 nerve at the L5 and S1 level. The past treatment included 12 completed sessions of physical therapy and 5 acupuncture treatments, both of which provided temporary relief. The injured worker had a negative UA drug screen performed on 01/06/2014. The electromyogram dated 01/07/2014 suggested possible component of the right S1 nerve root involvement. However, there was no evidence of lower extremity peripheral polyneuropathy. The medications included Norco 10/325, naproxen 550 mg, Laxacin, and gabapentin 300 mg with a reported 4/10 pain level without pain medication and a 10/10 with pain medication using the VAS. The objective findings dated 06/27/2014 of the lumbar spine revealed a flexion of 40 degrees and extension of 15 degrees, with a positive straight leg raise. The objective findings also revealed a 5/5 lower extremity motor strength. The treatment plan included request for MRI of the lumbar spine, Norco, Laxacin, naproxen, gabapentin. The request for authorization dated 07/02/2014 was submitted with documentation. The rationale for the medication was given for Norco to decrease pain, Laxacin for constipation induced by opiate use and naproxen to decrease

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list, Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning. Further documentation provided the injured worker was prescribed Norco 10/325 mg on 12/16/2013 and on 01/06/2014. However, the urinalysis dated 01/06/2014 indicated negative for opiates. The request did not address the frequency. Therefore, the request is not medically necessary.

Naproxen 550 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation official disability guidelines.

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

Decision rationale: The request for naproxen 550 mg #60 is not medically necessary. The California guidelines recommend naproxen as a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. Per the clinical notes provided there was no indication that the injured worker had a diagnosis of osteoarthritis. The request did not address the frequency. Therefore, the request is not medically necessary.

Laxacin #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, initiating Therapy Page(s): 77.

Decision rationale: The request for Laxacin # 100 is not medically necessary. The California MTUS Guidelines indicate prophylactic treatment of constipation should be initiated.

Intermittent pain: Start with a short-acting opioid trying one medication at a time. Laxacin is indicated in short-term opioid use. The clinical note was not evident of complaints of constipation. The UA indicated a negative Opioid finding. The request did not address frequency. Therefore, the request is not medically necessary.