

Case Number:	CM14-0067103		
Date Assigned:	07/11/2014	Date of Injury:	05/16/2013
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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:

This 28 year old patient had a date of injury on 5/16/2013. The mechanism of injury was carrying a bagful of artichokes when he stepped into a hole in field and injured his right knee. In a progress noted dated 4/14/2014, subjective findings included increasing pain and is concerned about new and progressive tissue damage. On a physical exam dated 4/14/2014, objective findings included lateral joint line tenderness, no ligamentous instability, swelling, or redness identified. Diagnostic impression shows sprains and strains of left knee and leg, chronic pain. Treatments to date include medication therapy and behavioral modification. A UR decision dated 5/6/2014 denied the request for Naproxen 500mg #60 x3, stating that the pain was rated as 5/10 and the claimant continued to use Naproxen at a low doses of hydrocodone 5/325 which helped with the pain. Norco 5/325 #30 was denied, stating that there was no documentation of prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was prescribed. Also the decision stated that there was no ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 73 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG 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 a progress note dated 4/14/2014, the patient complains of increasing pain, and rated his pain at 5/10. Furthermore, the patient has been noted to be on naproxen 500 since at least 7/13/2013, with no documented functional improvement. Therefore, the request for naproxen 500mg #60 x3 refills is not medically necessary.

Refill Naproxen 500 mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 73 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG 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 a progress note dated 4/14/2014, the patient complains of increasing pain, and rated his pain at 5/10. Furthermore, the patient has been noted to be on naproxen 500 since at least 7/13/2013, with no documented functional improvement. Therefore, the request for naproxen 500mg #60 x3 refills is not medically necessary.

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neuropathic pain, but they may be useful to treat breakthrough pain. In a progress note dated 4/14/2014, the patient complains of increasing pain, and rated his pain at 5/10. Furthermore, the patient has been noted to be on naproxen 500 since at least 7/13/2013, with no documented functional improvement. Therefore, the request for naproxen 500mg #60 x3 refills is not medically necessary.

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Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 73 of 127.

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Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG 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 a progress note dated 4/14/2014, the patient complains of increasing pain, and rated his pain at 5/10. Furthermore, the patient has been noted to be on naproxen 500 since at least 7/13/2013, with no documented functional improvement. Therefore, the request for naproxen 500mg #60 x3 refills is not medically necessary.

Norco 5/3250 mg qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81 & 91 and 92 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress note dated 4/14/2014, the patient complains of increasing pain, and rated his pain at 5/10. The patient has been on Norco since at least 1/24/2014 with no documented functional improvement. Furthermore, on a urine drug screen dated 2/24/2014, hydrocodone was undetected, which suggests noncompliance. Therefore, the request for Norco 5/325 #30 is not medically necessary.