

<b>Case Number:</b>	CM14-0068704		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 36-year-old male who sustained injuries to his low back on 03/04/04. The records indicate that the injured worker ultimately underwent a posterior lumbar interbody fusion (PLIF) at L4-5 on 11/12/07. Postoperatively, he was noted to have continued back pain and subsequently underwent a hardware block on 11/11/09. This procedure was of no benefit. The injured worker later underwent implantation of a dorsal column stimulator on 12/19/11 which has provided 40% pain relief. The records indicate that the injured worker continues to have low back pain with radiation into the lower extremities and objective findings of radiculopathy. The injured worker's treatment was further confounded by a motor vehicle accident occurring on 03/28/12 which resulted in injuries to the cervical spine and head. The records reflect that the injured worker is currently under the treatment of a psychiatrist in conjunction with his other treating providers. The record notes the urine drug screens dated 12/16/13 and 04/08/14 were consistent with his medication profile. It is noted that the injured worker volunteers 20-30 hours per week for [REDACTED] while he looks for other suitable work. The record contains a Utilization Review determination dated 04/24/14 in which requests for Norco 10/325mg #240 and Anaprox DS 550mg #60 were found to be not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tablets 10 mg/325 mg QTY: 240.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83. Decision based on Non-MTUS Citation Washington, 2002; Colorado, 2002; Ontario, 2000; VA/DoD, 2003; Maddox-AAPM/APS, 1997; Wisconsin, 2004; Warfield, 2004; Martell-Annals, 2007; Chou, 2007; Deshpande, 2007; Lake, 2008; Olesen, 2006.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for Norco 10/325mg #240 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome and implanted dorsal column stimulator which results in 40% relief. The records indicate that the injured worker has a chronic radiculopathy for which he receives benefit from epidural steroid injections. The injured worker's urine drug screen is reported to be consistent with his medication profile. It is noted that these medications provide significant functional benefits which allow the injured worker to volunteer 20-30 hours per week with [REDACTED]. This would establish the functional improvements as a result of the use of his medication. Per California Medical Treatment Utilization Schedule, the continuation of this medication would be supported as medically necessary.

**Anaprox DS tablets 550 mg QTY: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Chen, 2008; Laine, 2008; Van Tulder, 2006; Hancock, 2007; Roelofs-Cochrane, 2008; Namaka, 2004; Gore, 2006; Maroon, 2006.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The request for Anaprox DS 550mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker is status post posterior lumbar interbody fusion at L4-5 and has an implanted spinal cord stimulator which provides 40% relief. The records indicate that the injured worker has comorbid osteoarthritic changes throughout the lumbar spine for which this medication would be clinically indicated and therefore, recommended as medically necessary.