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| Case Number: | CM14-0082747 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 08/29/2013 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 patient is a 24 y/o male who developed persistent low back pain during his course of employment, DOI 8/29/13. Due to right>left leg radiation a lumbar MRI was performed which revealed a significant L4-5 and L5-S1 right sided foraminal stenosis plus severe central stenosis of 5mm. Over time his pain has improved, but he continues to be static sensitive with increase pain with prolonged sitting and standing. The current treater documents in some detail benefits from modality treatment (Chiropractic), but there is no documentation of specific benefits from the medications. There is no documentation of specific use patterns, level of pain relief, length of pain relief or functional benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 W/ 1 REFILL: 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.

Decision rationale: MTUS Guideines do not recommend the prescribing of opioid medications without careful review of use patterns which include detailed frequency of use, level of pain relief and length of pain relief. The treating physician does not document any of the necessary

details to justify the long term use of opioids. At this point in time, the long term use of opioids is not consistent with Guidelines. The Norco 10/325mg #60 with refills is not medically necessary.

NAPROXEN 550MG #60 W/ 1 REFILL: 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 NSAID's and chronic low back pain Page(s): 67,68.

Decision rationale: MTUS Guidelines do not recommend the general long term daily use of NSAID's for chronic low back pain. Guidelines do support intermittent use for flare-ups. The treating physician does not provide any details regarding the benefits and why it is recommended on a long term daily basis. Without this documentation the long term daily use of Naprosyn is not consistent with Guidelines and is not medically necessary.