

Case Number:	CM14-0087839		
Date Assigned:	07/23/2014	Date of Injury:	03/03/2011
Decision Date:	09/18/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 is a 51-year-old female who allegedly sustained work-related cumulative trauma from 5/1/2009 3/3/2011. She complains of pain in her back radiating into both legs, left knee patellofemoral arthralgia, bilateral wrist tendinitis and mild carpal tunnel syndrome and a right de Quervain's tenosynovitis. Electrodiagnostic studies reveal a mild carpal tunnel syndrome bilaterally. An MRI scan of her lumbar spine reveals several areas of degenerative disc disease with mild to moderate foraminal stenosis. The patient underwent a right carpal tunnel release on 4/22/2014. Due to the ongoing symptoms a request was made for Anaprox and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70 and 73.

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

Decision rationale: Chronic pain guidelines state non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for the shortest period of time in patients with moderate to severe pain. It is not recommended for patients with chronic back pain but can be used for acute

exacerbations of chronic pain. Acetaminophen is the first line treatment for mild to moderate pain. NSAIDs were found to be no more effective than acetaminophen for acute low back pain plus they had much more side effects. There is no documentation in the record on what the patient was taking previously since her injuries began approximately 5 years ago. There is also no documentation in the chart concerning potential side effects the patient may have had while taking NSAIDs. There is also no documentation concerning what functional improvement occurred while taking NSAIDs. Therefore, for the above reasons, the medical necessity for the use of NSAIDs has not been established.

Norco 7.5/ 325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids criteria for use of opioids and Weaning of medications
Page(s): 76-80, 91 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 47-96.

Decision rationale: According to the chronic pain guidelines opioids can be efficacious for short-term pain relief in patients with chronic back pain who have moderate severe pain. There is no evidence that opioid show long-term benefit or improvement in function when use of a treatment for chronic back pain. Opioids can be started if the patient does not respond to other medications including acetaminophen, aspirin, and NSAIDs. Again there is no documentation on what the patient was taking for pain over the previous years. The patient can be started on a therapeutic trial of opioids after non-opioid analgesics have failed. Drug screening should be considered to detect the presence of illegal drugs. If the patient is to use opioids for ongoing management, there should be documentation of the analgesic effect, improvements in activities of daily living, documentation of adverse side effects and aberrant drug taking behavior. No such documentation exists in the records that are available. Therefore, based on the above, the medical necessity for the use of Norco 7.5 has not been established.