MAXIMUS Federal Services

Case Number:	CM14-0139007		
Date Assigned:	09/05/2014	Date of Injury:	10/18/2004
Decision Date:	01/23/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/27/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 67 year old patient with date of injury of 10/18/2004. Medical records indicate the patient is undergoing treatment for cervical strain with left-sided radiculopathy, with spontaneous aggravation including radiation to the right scapular area, thoracic strain, left shoulder strain, left carpal tunnel syndrome and intermittent gastrointestinal upset. Subjective complaints include neck pain with radiation to left shoulder/upper extremity and right scapular area, upper and mid back pain, greater on the left than the right; occasional tingling in the left hand, periotic stomach upset due to use of pain medications and difficulty sleeping due to pain and headaches. Objective findings include marked tenderness between right and left shoulders, left shoulder abduction is 140 degrees, flexion is 150, extension is 40, adduction is 40. There is paracervical muscle spasm and tenderness, cervical range of motion - flexion 80% of normal, extension 50%, right and left lateral flexion 60%; Spurling's sign is positive on right; parathoracic muscle spasm, Phalen's test positive to left . Treatment has consisted of home exercise program, Norco, Naproxen, Soma, Imitrex and Protonix. The utilization review determination was rendered on 08/01/2014 recommending non-certification of Norco 5/325mg #120 between 7/14/2014 and 9/28/2014, Naproxyn Sodium 550mg #60 and Blood Renal Function Test (RFT) and Liver Function Test (LFT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120 between 7/14/2014 and 9/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck and back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document an increased level of function, or improved quality of life on long term opioid therapy. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. Previous reviews have modified requests for Norco and requested weaning. The most recent reviewer has also requested weaning. As such, the question for Norco 5/325mg #120 between 7/14/2014 and 9/28/2014is not medically necessary.

Naproxyn Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS recommends NSAIDs for osteoarthritis "at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension.ODG states, "Recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis."The medical documentation provided indicate that this patient has been on Naproxen since at least January of 2012. The treating physician has not provided documentation of functional improvement or quality of life. Guidelines recommend the use of NSAIDs at the lowest does for the shortest period of time due to the risk of gastrointestinal and

renovascular risk. As such, the request for Naproxyn Sodium 550mg #60 is not medically necessary at this time.

Blood Renal Function Test (RFT) and Liver Function Test (LFT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established."The request for Naproxen was not certified, therefore the need for liver function and kidney function testing should not continue. As such, the request for Blood Renal Function Test (RFT) and Liver Function Test (LFT) is not medically necessary.