

Case Number:	CM14-0185350		
Date Assigned:	11/13/2014	Date of Injury:	07/12/2011
Decision Date:	01/28/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Practice 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 is a 43 years old male patient who sustained an injury on 7/12/2011. He sustained the injury while lifting a box of shirts. The current diagnoses include herniated cervical disc with radiculitis, right hand tendinitis and carpal tunnel syndrome, left hand tendinitis and carpal tunnel syndrome, herniated lumbar disc with clinical findings of radiculitis/radiculopathy, insomnia, anxiety and depression. Per the doctor's note dated 10/22/2014, he had complaints of low back pain with radiation to bilateral legs, difficulty sleeping; stress and anxiety. The physical examination revealed lumbar spine range of motion: flexion 50, extension 20, lateral bending right 20, left 20 degrees; straight leg raise positive at 75 degrees bilaterally, tightness and spasm in the lumbar paraspinal musculature bilaterally, hypoesthesia along the anterior lateral aspect of the foot and ankle over the L5 and S1 dermatome level, bilaterally, weakness with big toe dorsi flexion and big toe plantar flexion, bilaterally and symmetrical reflexes at knees 2+ and at ankles 1+ bilaterally. The medications list includes norco, anaprox and terocin patches. He has had EMG/NCS bilateral upper extremity dated 12/5/2011 which revealed severe bilateral carpal tunnel syndrome; MRI lumbar spine in 7/11 which revealed multilevel disc protrusions; MRI cervical spine dated 7/31/11 which revealed multilevel disc protrusions; MRI lumbar spine dated 8/31/13 which revealed multilevel disc protrusions. He had undergone appendectomy and gallbladder removal. He has had physical therapy, acupuncture and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs Page(s): 22,67.

Decision rationale: Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic low back pain with radiation to the bilateral lower extremity. The patient also had abnormal objective physical exam findings- tenderness, spasm and restricted range of motion. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 550mg #120 is medically appropriate and necessary for this patient to use as prn for manage his chronic pain.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 1/19/15), Opioids, criteria for use

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."

Refill of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 1/19/15), Opioids, criteria for use.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Refill of Norco 10/325mg #120is not established for this patient.