

Case Number:	CM14-0194609		
Date Assigned:	12/02/2014	Date of Injury:	01/19/2011
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44-year-old female with date of injury of 01/19/2011. The listed diagnoses from 10/13/2014 are cervical radiculopathy, lumbar facet arthropathy, and status post medial branch block (MBB) from 06/13/2014. According to this report, the patient complains of low back pain. She notes of pinching pain in her neck with a three-day migraine headache. The patient reports a recent flare-up of her back pain and is having a lot of pain in her buttocks. Her pain averages 7-8/10 over the past week. The patient's recent MBB to the right L1, L2, L3, and L4 provided about 90 to 95% pain relief for 12 hours. She continues to utilize Norco, naproxen, Prilosec, and Zofran. The patient does complain of gastrointestinal (G.I.) discomfort associated with medication use. She reports her pain level at 10/10 without medications and 8 to 9/10 with medication. Examination shows tenderness to palpation diffusely throughout the cervical spine including the bilateral cervical paraspinals and bilateral upper trapezius. There is decreased flexion and extension due to pain. Muscle stretch reflex is normal. Spurling's maneuver causes bilateral neck pain. There is tenderness in the bilateral lower paraspinals. The patient's CURES report from 10/13/2014 is consistent with her prescribe medications. The documents include medial branch block procedure report from 06/13/2014, AME reports from 11/11/2013 and 09/15/2014, and progress reports from 03/28/2014 to 10/13/2014. The utilization review denied the request on 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg tablet: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication; medications for chronic pain Page(s): 22; 60.

Decision rationale: This patient presents with low back and neck pain. The treater is requesting naproxen sodium 550 mg tablet (one po q 12 hours prn). The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The record shows that the patient was prescribed Naproxen on 04/21/2014. The examination from 06/23/2014 shows that the patient continues to complain of neck pain with radiation to the upper arm. There is complains of weakness in the upper right limb. The patient states that, "medication, which did help by decreasing the pain from 10/10 to 8-9/10." In this case, MTUS supports the use of anti-inflammatory medications as the traditional first-line treatment for pain and inflammation. The request is medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; On-going management Page(s): 88-89; 78.

Decision rationale: This patient presents with low back and neck pain. The treater is requesting Norco 10/325 quantity 90 (1/2 po q 6hrs prn). For chronic opiate use, the MTUS guidelines pages 88 and 89 on criteria for use of opioids state, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 04/21/2014. The 07/21/2014 report notes that the patient's pain level decreases from 10/10 to 8-9/10 when medications are used. She does report gastrointestinal (G.I.) issues associated with her medication regimen. Her CURES report is consistent. While the treater has noted before and after pain scales, no significant improvement was reported. There are no mention of quality of life changes and no discussions regarding a "pain assessment." The MTUS Guidelines have more stringent guidelines for opiates compared to non-steroidal anti-inflammatory drugs (NSAIDs). Given the lack of functional improvement documented in the 10/13/14 report while utilizing Norco, the request is not medically necessary.

