

Case Number:	CM14-0202780		
Date Assigned:	12/15/2014	Date of Injury:	12/02/2009
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 57-year-old male with a date of injury of December 2, 2009. The mechanism of injury is not given. The accepted body regions include the wrist, arm, and neck. Progress notes indicate that the pain is still present in the accepted body parts. No physical exam appears within a submitted record. No industrially related diagnoses appear within the submitted record. A nonindustrial diagnosis of rheumatoid arthritis and osteoporosis is mentioned. At issue is a request for Norco 10/325mg #60, Theraproxen #90, Naprosyn #60, and Tramadol 50 mg #60. The utilization review physician did not certify these medications because of the lack of medical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic- H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone;

generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved Hydrocodone products for pain unless formulated as a combination. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of Hydrocodone (>5mg/tab) and Acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of Acetaminophen, which should not exceed 4g/24 hours. Patients prescribed opiates chronically require assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opiates may generally be continued if there is improved functionality and pain as a consequence of the medication. In this instance, the submitted documentation does not describe baseline pain or functionality or any improvements as a consequence of medication. Therefore, Norco 10/325mg #60 is not medically necessary.

Theraproxen #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Medical food

Decision rationale: According to the guidelines, Theraproxen contains the NSAID naproxen and gamma-aminobutyric acid. NSAIDS like Naprosyn (Naproxen) are recommended 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. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. Gamma-aminobutyric acid (GABA): This supplement is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. Adverse reactions associated with treatment include hypertension, increased heart rate and anxiety. Dose reductions are indicated for a creatinine clearance > 60 ml/min. (AltMedDex, 2008) In this low quality RCT, with no description for the actual sleep disorder, an amino acid preparation containing both GABA and 5-hydroxytryptophan reduced time to fall asleep, decreased sleep latency, increased the duration of sleep, and improved quality of sleep. In this instance, the duration of use of the NSAID Naprosyn is unclear as is the dose that is actually being utilized. It is unclear what the actual indication for the use of the Naprosyn is and whether or not the diagnosis is industrially related or not. With regard to the gamma-aminobutyric acid, there is no indication that the

injured worker suffers from epilepsy, spasticity, or tardive dyskinesia. Therefore, Theraproxen #90 is not medically necessary.

Naprosyn #60: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs like Naprosyn are recommended 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. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. In this instance, it is not known how long the injured worker has been taking Naprosyn, what level the pain is, or the exact diagnosis for which the medication is being prescribed. It is not known if the Naprosyn is in fact being prescribed for the nonindustrial diagnosis of rheumatoid arthritis. Consequently, Naprosyn #60 is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: A recent Cochrane review found that Tramadol drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. According to the guidelines, patients prescribed opiates chronically require assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opiates may generally be continued if there is improved functionality and pain as a consequence of the medication. In this instance, the submitted documentation does not describe baseline pain

or functionality or any improvements as a consequence of medication. Therefore, Tramadol 50 mg #60 is not medically necessary.