

Case Number:	CM14-0203810		
Date Assigned:	12/16/2014	Date of Injury:	05/03/1994
Decision Date:	02/11/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine 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 64 year old female sustained cumulative industrial related injuries that were reported on 05/03/1994. The results of the injury included constant sharp, throbbing and aching sensations to the bilateral hands and fingers, and weakness, tingling and numbness in the arms and down her fingers. Per the progress report (PR) dated 10/23/2014, subjective complaints included acute flare-up of bilateral shoulder pain. Objective findings included tenderness to palpation of the right shoulder girdle, both anteriorly and posteriorly; decreased range of motion (ROM) of the shoulder with decreased flexion and abduction due to increased pain above 90; positive impingement signs; and the third fingers of each hand continued to present as trigger fingers. Current diagnoses include internal derangement to the bilateral shoulders, cubital tunnel syndrome bilaterally, carpal tunnel syndrome bilaterally, trigger fingers (3rd) bilaterally, and dyspepsia. Treatment to date has included multiple examinations, physical therapy, medications, injections, bilateral shoulder surgeries (dates unknown), bilateral elbow surgeries (dates unknown), bilateral trigger finger releases (dates unknown), bilateral carpal tunnel releases (dates unknown), and bilateral hand splints. Diagnostic testing has included x-rays, MRIs and EMG/NCV studies; however, no dates or results were provided. The Norco and Naproxen Sodium were requested for the treatment of pain. Treatments in place around the time the medications were requested included medications. The injured worker reported decreased pain and increased ability to perform activities of daily living with medications. Functional deficits were not discussed or mentioned in detail; therefore, it is unclear whether there has been functional improvements. Work status remained permanent and stationary. Dependency on medical care was unchanged. On 11/04/2014, Utilization Review non-certified a prescription for Norco 5/325 mg #60 which was requested on 10/29/2014. The Norco 5/325 mg #60 was non-certified based on insufficient quantitative subjective, objective or functional improvement over

the course of care. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Norco 5/325 mg #60. On 11/04/2014, Utilization Review non-certified a prescription for Naproxen Sodium 550 mg #120 which was requested on 10/29/2014. The Naproxen Sodium 550 mg #120 was non-certified based on insufficient quantitative subjective, objective or functional improvement over the course of care. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Naproxen Sodium 550 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Naproxen sodium 550mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Naproxen is indicated for the injured worker's shoulder pain. The request is medically necessary.