

<b>Case Number:</b>	CM14-0205660		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Pain Management and is licensed to practice in Georgia. 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 68 year-old female with a date of injury of November 1, 2006. The patient's industrially related diagnoses include cervical, thoracic, and lumbar spine strain, lumbar radicular syndrome, left lateral epicondylitis, status post straining injury of the left foot, status post right shoulder arthroscopy with arthroscopic subacromial decompression and rotator cuff repair and mini-Mumford procedure on 12/3/2007, status post left shoulder arthroscopy with rotator cuff repair in May 2009, and lumbar disc protrusion at L3-L4, L4-L5, and L5-S1 with grade 1 spondylolisthesis at L4-L5 with degenerative changes. The EMG/NCV on 7/25/2013 showed evidence of possible left-sided radiculopathy at L5. The disputed issues are prescriptions for Glucosamine 500mg caplet #120, Hydrocodone-acetaminophen 5 #120, and Naproxen sodium 550mg tab #120. A utilization review determination on 11/10/2014 had non-certified the request for Naproxen and Glucosamine and modified the request for Hydrocodone-acetaminophen. The stated rationale for the denial of Glucosamine was: "This medication is not recommended for chronic pain. There is no current documentation of functional benefit, and specifically no documentation of knee osteoarthritis. As such, the medical necessity of the requested Glucosamine 500mg caplet qty: 120 has not been established and is denied." The stated rationale for the modification of Hydrocodone-acetaminophen to #54 was: "The available clinical information does not document improvement in function or maintenance of function. In addition, there is no documentation of close monitoring including a pain contract and prescribed data base search.... Therefore the request is modified to Norco qty: 54 to allow initiation of a taper or additional clinical documentation per cited guidelines." Lastly, the state rationale for the denial of Naproxen was: "CA MTUS 2009 Chronic Pain Treatment Guidelines recommend NSAIDs as first line therapy for pain and inflammation. However, the medication should be used

at the lowest dose for the shortest period, and absent documentation of functional benefit the medical necessity for this medication cannot be established, and therefore the request is denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Glucosamine 500mg caplet #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50 of 127.

**Decision rationale:** Regarding the request for Glucosamine, the Chronic Pain Medical Treatment Guidelines state that glucosamine is recommended as an option in patients with moderate arthritis pain especially for knee osteoarthritis. Within the documentation available for review, there are no recent subjective complaints of moderate knee arthritis pain. Additionally, there were no radiographic or physical examination findings supporting a diagnosis of moderate arthritis. In light of these issues, the currently requested Glucosamine is not medically necessary.

**Hydrocodone-acetaminophen 5 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** Regarding the request for Hydrocodone/acetaminophen 5/325mg, Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Furthermore, the DEA has reclassified Norco as of October 6, 2014 as a Schedule II Controlled Medication. Because of this reclassification, refills are not allowed, and closer monitoring is encouraged. Within the documentation available for review, there is no indication that the medication is improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Hydrocodone/acetaminophen 5mg #120 (#60 plus 1 refill) is not medically necessary.

**Naproxen sodium 550 mg tab #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale). In the absence of such documentation, the currently requested Naproxen is not medically necessary.