

Case Number:	CM14-0039633		
Date Assigned:	06/27/2014	Date of Injury:	03/18/2010
Decision Date:	01/12/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational 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 is a 63-year-old male with a 3/18/10 date of injury. The mechanism of injury occurred when he fell face down putting fully loaded boxes on shelves and racks. According to an appeal note dated 6/12/14, the provider stated that the patient returned for a follow-up visit on 3/17/14. He had complaints of low back pain and left shoulder weakness and limited motion. The provider indicated that the patient was in need of continued and consistent pain control and he continued to have debilitating pain. Naproxen decreased his pain and inflammation, thus permitting him to function purposefully and to participate in his own rehabilitation pro-actively. Examination of the left shoulder revealed tenderness over the subacromion and acromioclavicular joint. Crepitus was present. Examination of the lumbar spine revealed tenderness and spasm over the paraspinals. Straight leg raising test was slightly positive. Range of motion was restricted. Diagnostic impression: lumbar disc disease, lumbar facet syndrome. Treatment to date: medication management, activity modification, physical therapy. A Utilization Review (UR) decision dated 3/18/14 denied the request for MEDS x3: Norco, Vicodin, Naproxen. The documentation provided for review does not identify significant functional or vocational benefit with the use of Non-Steroidal Anti-Inflammatory Drugs (NSAID). Given the date of injury in 2010, ongoing chronic NSAID use would not be supported. The documentation does not identify measurable analgesic or functional or vocational benefit with ongoing opioid use. There is no documentation of Urine Drug Screen (UDS) performed to monitor compliance and screen for aberrant behavior, and no documentation of a signed opiate agreement. Rationale is not provided as to why the patient requires 2 versions of Hydrocodone (Norco and Vicodin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco - Unknown quantity and dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, it is noted that the patient is also taking the opioid medication, Vicodin. There is no rationale provided as to why this patient would require the use of 2 short-acting opioid medications containing Hydrocodone. Therefore, the request for Norco, unknown quantity and dosage was not medically necessary.

Vicodin - Unknown quantity and dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, it is noted that the patient is also taking the opioid medication, Norco. There is no rationale provided as to why this patient would require the use of 2 short-acting opioid medications containing Hydrocodone. Therefore, the request for Vicodin, unknown quantity and dosage was not medically necessary.

Naproxen - Unknown quantity and dosage: Upheld

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

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 Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the present case, it is noted that naproxen decreased the patient's pain and inflammation, thus permitting him to function purposefully and to participate in his own rehabilitation pro-actively. However, the strength and quantity of medication requested was not provided. Therefore, the request for Naproxen, unknown quantity and dosage, as submitted, was not medically necessary.