

Case Number:	CM15-0008226		
Date Assigned:	01/23/2015	Date of Injury:	01/13/2009
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 male who sustained an industrial related injury on 1/13/09. The injured worker had complaints of neck and right upper extremity pain. Treatment included a left shoulder Cortisone injection and physical therapy. Diagnoses included status post bilateral rotator cuff surgery, bilateral ulnar neuropathies, bilateral carpal tunnel syndrome, repetitive strain injury of the neck, bilateral upper extremity myofascial pain syndrome, chronic pain syndrome, and diabetes mellitus with possible underlying peripheral neuropathy. The treating physician requested authorization for Norco 10/325mg #100 and Naproxen sodium 550mg. On 1/8/15 the request for Norco was modified and the request for Naproxen was non-certified. Regarding Norco, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was a lack of evidence of improvement in pain or function with the use of Norco. The request was modified to a quantity of 50 for weaning purposes. Regarding Naproxen, the UR physician cited the MTUS guidelines and noted Naproxen was not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 100 between: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): page(s) 74-95; page 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation concluded the worker was suffering from bilateral ulnar neuropathies, bilateral carpal tunnel syndrome, myofascial pain syndrome, chronic pain syndrome, and diabetes with a possible peripheral neuropathy. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how long the benefit from this specific medication lasted, how often it was needed and used, how it was determined the lowest dose was prescribed, or the amount of time it took to achieve pain relief. In the absence of such evidence, the current request for one hundred tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Naproxen sodium 550mg between: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

Decision rationale: Naproxen is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was suffering from bilateral ulnar neuropathies, bilateral carpal tunnel syndrome, myofascial pain syndrome, chronic pain syndrome, and diabetes with a possible peripheral

neuropathy. There was no discussion describing improved pain intensity, function, and/or quality of life with the use of this specific medication or providing an individualized risk assessment for its use. Further, the request was made for an indefinite supply of medication, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of naproxen sodium 550mg is not medically necessary.