

Case Number:	CM15-0009244		
Date Assigned:	01/27/2015	Date of Injury:	12/15/2011
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 12/15/2011. He has reported subsequent neck, back, lower and upper extremity pain and paresthasias and was diagnosed with cervical discopathy, bilateral shoulder rotator cuff tendinitis/bursitis with rotator cuff tear, bilateral carpal tunnel syndrome, lumbar discopathy with nerve root compression, left knee lateral meniscus tear, chronic insomnia and chronic pain syndrome. Treatment to date has included oral pain medication, chiropractic therapy, pool therapy, massage therapy and epidural injections. Norco was a chronic medication since 04/10/2014 and Naproxen was a chronic medication since 09/25/2014. In a progress note dated 11/20/2014 the injured worker complained of low back pain radiating to the legs with numbness and tingling, left knee pain, shoulder pain, wrist pain and neck pain with radiation to the fingers. Objective physical examination findings were notable for tenderness to palpation of the paracervical musculature with muscle spasms, restricted range of motion of the cervical spine, mild tenderness and spasm of the trapezius muscles with restricted range of motion of the shoulders, mild diffuse tenderness to the bilateral wrists with a positive Tinel's sign, tenderness and muscle spasm of thoracic musculature, increased tenderness of the paralumbar musculature, L5-S1 facets and right greater sciatic notch with restricted range of motion due to pain and a positive straight leg raise test at 60 degrees. Requests for Naproxen and Norco refills were submitted for pain relief. On 12/16/2014, Utilization Review non-certified a request for Naproxen noting that NSAID's are only recommended for short term symptomatic relief and are not recommended on a long term basis and modified a request for Norco from 5/325 mg #90 to 5/325 mg #40, noting that since a

significant reduction in pain has not been demonstrated with use of the medication, it should be weaned. MTUS Chronic Medication Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22-68.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for for several months with persistent pain and minimal improvement in function in combination with Norco. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months along with Naproxen without significant improvement in pain or function. The continued use of Norco is not medically necessary.