

Case Number:	CM15-0102824		
Date Assigned:	06/05/2015	Date of Injury:	11/05/2001
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 11/5/01. He reported back pain. The injured worker was diagnosed as being status post artificial disc replacement/facet arthropathy. Treatment to date has included right shoulder surgery in March 2005, facet injections, physical therapy, and medication. On 1/23/15, pain was rated as 3/10. The injured worker had been taking Naproxen and Norco since at least 10/24/14. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 10/325mg #45 and Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #45: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 11/5/01. The medical records provided indicate the diagnosis of status post artificial disc replacement/facet arthropathy. Treatment to date has included right shoulder surgery in March 2005, facet injections, physical therapy, and medication. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #45. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker's use of this medication predates 10/2014, but with no overall improvement. The request is not medically necessary.

Naproxen 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 67-71.

Decision rationale: The injured worker sustained a work related injury on 11/5/01. The medical records provided indicate the diagnosis of status post artificial disc replacement/facet arthropathy. Treatment to date has included right shoulder surgery in March 2005, facet injections, physical therapy, and medication. The medical records provided for review do not indicate a medical necessity for Naproxen 550 mg #60. Naproxen is an NSAID. The MTUS recommends the use of the lowest dose for the shortest period in patients with moderate to severe pain. The medical records indicate the use of this medication predates 10/2014, but with no overall improvement. The MTUS recommends discontinuation of a method of treatment if it is found to be of no benefit. Therefore, the request is not medically necessary.