

Case Number:	CM15-0014552		
Date Assigned:	02/02/2015	Date of Injury:	01/21/2011
Decision Date:	04/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male, who sustained an industrial injury on 1/21/2011. He has reported being knocked back, hitting the head, back, neck and was unconscious for several minutes. The diagnoses have included cervical myoligamentous injury with associated cervicogenic headaches, post-concussive syndrome, and degenerative disc disease with radiculopathy, multilevel disc protrusion, lumbar facet syndrome, chronic nausea and vomiting, left submandibular myoligamentous injury inflammation. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, modified activity, epidural steroid injections. Currently, the IW complains of ongoing debilitating low back pain with radiation to bilateral lower extremities. On 9/29/14, physical examination significant for spinal tenderness, global weakness, decreased sensation bilateral forearms, significant trigger points, muscle rigidity, positive straight leg raises, and decreased lower extremity strength. The injured worker was refusing surgical intervention however, was interested in repeating epidural steroid injections. On 12/29/2014 Utilization Review, non-certified Anaprox DS 550mg #60 and Norco 10/325mg #60, noting the documentation did not include objective functional gain from prior use of requested treatments. The MTUS Guidelines were cited. On 1/26/2015, the injured worker submitted an application for IMR for review of Anaprox DS 550mg #60 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with continued complaint of pain in the lower back that radiates into the bilateral lower extremity. The current request is for Anaprox DS 550 mg #60. The utilization review denied the request stating that the provider notes indicate that the patient is better with Anaprox. However, there is "No evidence of objective functional benefit." For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." MTUS also supports oral NSAIDs for chronic low back pain. Review of the medical file indicates the patient has been prescribed Anaprox since at least 02/03/2014. Progress report dated 07/28/2014 notes that the patient's pain intensity can go as high as 9/10, but with his current medication, which includes Anaprox, his pain is reduced to 6/10. It was noted that the patient is able to manage his pain with his current medication regimen as well as trigger point injections. Progress report dated 06/09/2014 noted that the patient is able to perform simple chores around the house with less pain with current medication regimen. In this case, given the patient's chronic pain and the treating physician's documentation that the patient is able to increase ADLs and decrease in pain with utilizing Anaprox, the current request is medically necessary.

Norco 10/325 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with continued complaint of pain in the lower back that radiates into the bilateral lower extremity. The current request is for Norco 10/325 mg #60. The utilization review denied the request stating, "Though case discussion reiterates that pain is reduced from 8/10 to 4/10 with medication and with Norco and the claimant is better able to do his daily activities, there remains no evidence of objective functional improvement with medication use." For chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). MTUS also requires "pain assessment" or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief.

Review of the medical file indicates the patient has been utilizing Norco since at least 01/07/2015. Progress reports continually indicated decrease in pain utilizing in pain scale. Average decrease in pain ranged from 9/10 to 4/10. It was noted that the patient has significant relief with medications and mostly relies on Norco and Anaprox for relief. The patient is able to participate in activities of daily living, in specific performing house chores with current medication regimen. It was noted that the patient is routinely monitored for adverse behavior and random urine drug screens are provided. The treating physician routinely reviews CURES reports, and the patient has signed an opiate treatment contract, which is updated every 6 months. The patient reports no side effects with current medications. Given the documented functional improvement and decrease in pain with utilizing Norco, this request is medically necessary.