

<b>Case Number:</b>	CM15-0139341		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, New York, California  
 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 applicant is a represented 42-year-old who has filed a claim for chronic shoulder and back pain reportedly associated with an industrial injury of April 22, 2013. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for Norco, naproxen, Prilosec, Norflex, and a lumbar epidural steroid injection. The claims administrator referenced an RFA form received on June 9, 2015 in its determination, along with an associated progress note of June 4, 2015. The applicant's attorney subsequently appealed. On December 4, 2014, the applicant reported ongoing complaints of low back and shoulder pain. The applicant was placed off of work, on total temporary disability, while Norco, naproxen, Prilosec, and Flexeril were renewed, seemingly without any discussion of medication efficacy. In a handwritten note dated June 4, 2015, the applicant was again placed off of work, on total temporary disability, while Norco, naproxen, Prilosec, and Norflex were renewed. The applicant had undergone earlier failed shoulder surgery in July 2014, it was reported. The applicant's low back and shoulder pain complaints were described as severe. No seeming discussion of medication efficacy transpired. An epidural steroid injection was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on June 4, 2015, i.e., the date of the request. The applicant pain complaints were scored as severe on that date, it was reported. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing opioid usage. Therefore, the request is not medically necessary.

**Naprosyn 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

**Decision rationale:** Similarly, the request for naproxen, an anti-inflammatory medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the handwritten June 4, 2015 progress note seemingly failed to incorporate any discussion of medication. The applicant remained off of work, it was reported on that date. Severe pain complaints were reported. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for Prilosec, a proton pump inhibitor, is likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the June 4, 2015 office visit in question. Therefore, the request is not medically necessary.

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Similarly, the request for Norflex, a muscle relaxant, is likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended as a second-line option for the short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Norflex at issue implied chronic, long-term, and/or twice daily usage, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Lumbar epidural steroid injection (no level specified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Finally, the request for a lumbar epidural steroid is likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. Here, however, the handwritten June 4, 2015 progress note failed to furnish radiographic or electrodiagnostic corroboration of radiculopathy. MRI and/or electrodiagnostic test results (if any) were not discussed or detailed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that

pursuit of repeat steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's response to earlier blocks (if any) was not clearly detailed or characterized. Therefore, the request is not medically necessary.