

<b>Case Number:</b>	CM15-0146637		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/10/2004
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44-year-old male, who sustained an industrial injury on 7-10-2004. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include chronic low back pain, lumbar facet arthropathy, and failed back syndrome. Currently, he complained of ongoing pain in the neck, back and leg. On 7-11-15, the physical examination documented lumbar tenderness with muscle spasm and decreased range of motion and positive straight leg raise test. The plan of care included prescription for Naprosyn 500mg #30 with one refill; and Percocet 10-325mg #250 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 2004 and continues to be treated for chronic neck, back, and leg pain. When seen, he was having constant pain rated at 9/10. Physical examination findings included a slow and cautious gait with use of a walker. There was paraspinal muscle tenderness with spasms. There was decreased lumbar spine range of motion with positive straight leg raising. There was bilateral thigh tenderness. Medications were refilled. Percocet was being prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Naprosyn is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing of 500 mg per day is not consistent with guideline recommendations and therefore, is not medically necessary.

**Percocet 10/325mg #240 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 2004 and continues to be treated for chronic neck, back, and leg pain. When seen, he was having constant pain rated at 9/10. Physical examination findings included a slow and cautious gait with use of a walker. There was paraspinal muscle tenderness with spasms. There was decreased lumbar spine range of motion with positive straight leg raising. There was bilateral thigh tenderness. Medications were refilled. Percocet was being prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is 120 mg per day, there is no documentation that this medication is providing an increased level of function or improved quality of life and the requesting provider documents that the claimant has constant severe pain. Continued prescribing was not medically necessary.