

Case Number:	CM15-0160309		
Date Assigned:	08/26/2015	Date of Injury:	08/30/2002
Decision Date:	09/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Emergency 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 55-year-old male, who sustained an industrial injury on 8-30-02. He reported low back pain radiating to the left hip. The injured worker was diagnosed as having chronic residual pain status post multiple back surgeries. Treatment to date has included multiple lumbar surgeries, physical therapy, a home exercise program, TENS, and medication. On 5-12-15 and 6-30-15, pain was rated as 10 of 10 without medication and 5 of 10 with medication. The injured worker had been taking Anaprox and Norco since at least 2-4-15. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 10-325mg #120 and Anaprox 550mg #60.

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 Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain radiating to the left hip. The injured worker was diagnosed as having chronic residual pain status post multiple back surgeries. Treatment to date has included multiple lumbar surgeries, physical therapy, a home exercise program, TENS, and medication. On 5-12-15 and 6-30-15, pain was rated as 10 of 10 without medication and 5 of 10 with medication. The injured worker had been taking Anaprox and Norco since at least 2-4-15. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.

Anaprox 550mg #60: 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 Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Anaprox 550mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has low back pain radiating to the left hip. The injured worker was diagnosed as having chronic residual pain status post multiple back surgeries. Treatment to date has included multiple lumbar surgeries, physical therapy, a home exercise program, TENS, and medication. On 5-12-15 and 6-30-15, pain was rated as 10 of 10 without medication and 5 of 10 with medication. The injured worker had been taking Anaprox and Norco since at least 2-4-15. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Anaprox 550mg #60 is not medically necessary.