

Case Number:	CM15-0166749		
Date Assigned:	09/04/2015	Date of Injury:	04/23/2013
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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 35 year old female, who sustained an industrial injury on April 23, 2013. The injured worker was diagnosed as having lumbar degenerative disc disease with disc-osteophyte complex and herniated nucleus pulposus impinging left lumbar four and left lumbar five nerve roots, lumbar radiculopathy at bilateral lumbar four and lumbar five, myospasm and myofascial trigger point, acute left sacroiliitis, depression, fatigue and stress from pain and depression consistent with vitamin B12 deficiency, fibromyalgia, right ankle pain, and thoracolumbar scoliosis at lumbar two. Treatment and diagnostic studies to date has included physical therapy, medication regimen, psychiatric treatment, physical therapy, sacroiliac injection, and lumbar epidural steroid injections at left lumbar four and lumbar five. In a progress note dated July 17, 2015 the treating physician reports complaints of pain to lower back that radiates to the left hip and buttock with tightness to the spine, pain to the right ankle, pain to the cervical spine, and bilateral shoulder pain. Examination performed on July 17, 2015 was revealing for a mildly antalgic gait on the right, pain with toe walk, spasm to the lumbosacral paraspinal muscles, myofascial trigger points on the left, twitch response, pain with palpation to the left sacroiliac joint, decreased range of motion to the lumbar spine with pain, and positive straight leg raise. On July 17, 2015 the injured worker's current medication regimen included Wellbutrin, Xanax, Norco, Tizandine, Colace, Ambien, and Naproxen. On July 17, 2015 the injured worker's current pain level was rated a 5 out of 10 and on July 14, 2015 the injured worker's pain was rated a 4 to 9 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and

after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. On July 14, 2015 the treating physician requested the medications of Norco 10-325mg with a quantity of 60 with unspecified refills and Naproxen 500mg with an unclear quantity with unspecified refills noting current use of these medications. On July 31, 2015 the Utilization Review determined the request for Norco 10-325mg with a quantity of 60 with unspecified refills and Naproxen 500mg with an unclear quantity with unspecified refills to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2013 and is being treated for low back pain with left lower extremity radiating symptoms. When seen, pain was rated at 4-9/10. There was decreased lumbar range of motion with tenderness. Straight leg raising was positive and there was decreased lower extremity sensation. Medications were prescribed. The RFA lists Celebrex 100 mg which appears in error as Colace was being prescribed. Norco and Naprosyn were requested. In July 2015 acupuncture, injections, and medications were not providing lasting pain relief. Norco (hydrocodone/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 less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Naproxen 500mg (quantity unclear): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in October 2013 and is being treated for low back pain with left lower extremity radiating symptoms. When seen, pain was rated at 4-9/10. There was decreased lumbar range of motion with tenderness. Straight leg raising was positive and there was decreased lower extremity sensation. Medications were prescribed. The

RFA lists Celebrex 100 mg which appears in error as Colace was being prescribed. Norco and Naprosyn were requested. In July 2015 acupuncture, injections, and medications were not providing lasting pain relief. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations. However it is unclear whether Celebrex, another NSAID, is being prescribed. The request that was submitted cannot be accepted as being medically necessary.