

Case Number:	CM15-0181624		
Date Assigned:	09/22/2015	Date of Injury:	09/10/2011
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii
 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:

This 42 year old man sustained an industrial injury on 9-10-2011. Diagnoses include lumbar radiculopathy, herniation of a lumbar disc, and lumbar discogenic pain. Treatment has included oral medications, chiropractic care, and physical therapy. Physician notes on a doctor's first report of occupational illness or injury form dated 6-24-2015 show complaints of neck, right shoulder, upper, mid, and lower back pain. The physical examination shows decreased range of motion to the lumbar spine (without measurements) with spasms and tenderness to palpation. Positive sciatic notch tenderness was noted bilaterally as well as a positive bilateral straight leg raise. Sensation is decreased in the bilateral L5 dermatomes, motor and strength are noted to be normal. Recommendations include bilateral transforaminal lumbar epidural steroid injections with a motorized cold therapy unit for purchase for post-injection use, Norco, Naproxen, and follow up in six weeks. Utilization Review denied a request for Norco and Naproxen on 8-21-2015. There is a lack of documentation of risk assessment profile, attempts at weaning or tapering Norco, urine drug screen, evidence of functional improvement with this medication, and evidence of a pain contract. Further, after prior reviews and determinations, they should have already been completely weaned from this medication. Naproxen was denied citing no documentation of functional improvement with prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 take one as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with neck, right shoulder, upper, middle and lower back pain. The current request is for Norco 10/325mg, quantity 60. The treating physician states on 8/14/15 (54B), "I will refill his medications including Norco 10/325 mg one p.o.q. 6h., p.r.n. pain, #60 and Naproxen 550 mg one p.o. b.i.d., p.r.n. pain, #100." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning 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 aberrant behavior), as well as "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. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

Naproxen 550mg #100 to be taken twice a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with neck, right shoulder, upper, middle and lower back pain. The current request is for Naproxen 550mg, quantity 100. The treating physician states on 8/14/15 (54B), "I will refill his medications including Norco 10/325 mg one p.o.q. 6h., p.r.n. pain, #60 and Naproxen 550 mg one p.o. b.i.d., p.r.n. pain, #100." Regarding NSAID's, MTUS does recommend NSAID's for first line treatment to reduce pain. MTUS additionally supports NSAID's for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, "A record of pain and function with the medication should be recorded", when medications are used for chronic pain. The reports provided show it as a prescribed medication since 6/24/15. The 8/14/15 report states the patient "still has some residual pain and the pain medications have been helpful in keeping his pain tolerable." MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. The reports provided do not show discussion of the effect of pain relief and function per the guidelines above, as general statements are not sufficient to document functional benefit. Without any discussion regarding the medication, it cannot be considered. The current request is not medically necessary.

