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| Case Number: | CM15-0184737 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 04/23/2013 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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 04-23-13. A review of the medical records reveals the injured worker is undergoing treatment for an ankle sprain, lumbar-lumbosacral disc degeneration, and depressive disorder. Medical records (07-17-15) reveal the injured worker complains of low back pain and radiating pain into her left hip, as well as right ankle, cervical and bilateral shoulder pain. Her pain is rated at 5/10. The physical exam (07-17-15) reveals a mildly antalgic gait towards the right and pain when arising from a chair. Lumbar range of motion is diminished and painful. Lumbar spine has palpable paraspinous muscle spasm with myofascial trigger points on the left which twitch. Prior treatment includes medications. The treating provider reports the lumbar spine MRI (06-29-15) reveals moderate levoconvex scoliosis of the thoracolumbar spine with disc desiccation and a left sided disc bulge with tear seen within the posterior central portion of the disc. The original utilization review (08-18-15) non certified the request for Norco 10/320 #160 and an unknown quantity of Naprosyn 550 mg. The documentation supports that the injured worker has been on Norco and Naprosyn since at least 05-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/320mg quantity 60: 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, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2013 and is being treated for lumbar degenerative disc disease, an ankle sprain, and secondary depression. When seen, there had been temporary pain relief after a third epidural steroid injection. Lumbar surgery was being recommended. Physical examination findings included decreased lumbar range of motion with positive straight leg raising and decreased lower extremity sensation. Norco and Naproxen were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there was no documentation that this medication was currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication was resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.

Naproxen 550mg quantity and refills not specified: 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), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in April 2013 and is being treated for lumbar degenerative disc disease, an ankle sprain, and secondary depression. When seen, there had been temporary pain relief after a third epidural steroid injection. Lumbar surgery was being recommended. Physical examination findings included decreased lumbar range of motion with positive straight leg raising and decreased lower extremity sensation. Norco and Naproxen were prescribed. 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. However, in this case, the dosing was not specified. Therefore, as requested without dosing instructions and quantity, this request is not medically necessary.