

Case Number:	CM15-0185691		
Date Assigned:	09/25/2015	Date of Injury:	09/26/2014
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
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:

This is a 53-year-old male whose date of injury was September 26, 2014. Medical documentation from 8-20-15 indicated the injured worker was treated for a closed head injury with headaches, cervical spine sprain-strain, and lumbar sprain-strain with bilateral sciatica. He reported constant headache which he rated 7 on a 10-point scale, constant cervical spine pain which he rated 6 on a 10-point scale (8 on 7-22-15) and lumbar spine pain which he rated 6 on a 10-point scale (7 on 7-22-15). He reported mild to moderate functional change since his previous examination and noted that walking distance had increased. His current treatment included twelve sessions of acupuncture therapy and twelve sessions of physical therapy. Objective findings included normal memory, attention, and concentration. He had an antalgic gait and moved gingerly and with stiffness. The evaluating physician's recommendation was for discontinuation of Motrin, initiation of Naprosyn 550 mg and continuation of Norco 5-325 mg (since at least 4-29-15). His work status was defined as Temporary Total Disability. A request for authorization for Naproxen 550 mg #60 and Norco 5-325 mg #60 was received on September 1, 2015. On September 9, 2015, the Utilization Review physician determined Naproxen 550 mg #60 and Norco 5-325 mg #60 was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 x 1: Overturned

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 September 2014 when, while working as an auto parts manager, he tripped on a car bumper and fell down a flight of stairs. He continues to be treated for headaches and cervical and lumbar spine pain. When seen, he had attended 12 physical therapy and 12 acupuncture treatment sessions. He was having constant headaches and neck pain and intermittent low back pain with pain rated at 6-7/10. Physical examination findings included a body mass index over 37. Examination findings were otherwise unchanged from the previous examination which documented difficulty arising from a seated position, an antalgic gait, and transitioning positions with stiffness and protectively. Norco was continued. Motrin was changed to naproxen. Oral NSAIDs (non-steroidal 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 claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.

Norco 5/325mg #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 September 2014 when, while working as an auto parts manager, he tripped on a car bumper and fell down a flight of stairs. He continues to be treated for headaches and cervical and lumbar spine pain. When seen, he had attended 12 physical therapy and 12 acupuncture treatment sessions. He was having constant headaches and neck pain and intermittent low back pain with pain rated at 6-7/10. Physical examination findings included a body mass index over 37. Examination findings were otherwise unchanged from the previous examination which documented difficulty arising from a seated position, an antalgic gait, and transitioning positions with stiffness and protectively. Norco was continued. Motrin was changed to naproxen. 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.