

Case Number:	CM15-0192285		
Date Assigned:	10/06/2015	Date of Injury:	11/17/2010
Decision Date:	12/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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 33 year old female who sustained an industrial injury on November 17, 2010. The worker is being treated for: lower back and hip pain; lumbago, foot pain, leg, arm, and finger; sciatica, hip and pelvic pain and encounter for long term prescription usage; fibromyalgia. Subjective: March 20, 2015, continued pain in low back and hips; attending therapy and "feels a little stronger." June 24, 2015, low back and more right hip and groin area pain; fatigue, constipation. 23, 2015, continues with low back pain, right hip and leg pain along with increased cramping to hips and legs. August 20, 2015, continues with complaint of lower back and right hip pain; coccyx pain. Objective: June 24, 2015, "Norco helping to reduce symptoms, medication continues to be denied." July 23, 2015, "doing well on current medication, Flexeril and Naproxen which is also helpful to help her stay active." June 24, 2015, August 20, 2015, lumbar spine with tenderness at facet joint; decreased flexion, decreased extension and decreased lateral bending; bilateral sacroiliac tenderness. Medications: March 20, 2015: Flexeril, Norco, and Senokot. June 24, 2015: Flexeril, Senokot, and Lactulose and prescribed Norco and Naproxen. July 23, 2015: Norco, Naproxen, Flexeril, Senokot, and Lactulose. August 20, 2015: Naproxen, Norco, Lactulose, and Flexeril. Treatments: activity modification, medication, psychological care, physical therapy. Diagnostics: UDS performed August 21, 2015 consistent with prescribed. MRI of lumbar spine performed August 09, 2015. On September 04, 2015 a request was made for Norco 10mg 325 mg #60 that was modified and Naproxen 550mg #60 noncertified by Utilization review on September 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

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

Decision rationale: The requested Naproxen 550mg #60, is not medically necessary. California's Division of Workers' 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, right hip and leg pain along with increased cramping to hips and legs. August 20, 2015, continues with complaint of lower back and right hip pain; coccyx pain. Objective: June 24, 2015, "Norco helping to reduce symptoms, medication continues to be denied." 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, Naproxen 550mg #60 is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Weaning of Medications.

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

Decision rationale: The requested Norco 10/325mg #60, is not medically necessary. 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, right hip and leg pain along with increased cramping to hips and legs. August 20, 2015, continues with complaint of lower back and right hip pain; coccyx pain. Objective: June 24, 2015, "Norco helping to reduce symptoms, medication continues to be denied." The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or 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 #60 is not medically necessary.

