

<b>Case Number:</b>	CM15-0194816		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 43 year old female, who sustained an industrial injury on 08-01-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for myofascial pain syndrome. Medical records (04-24-2015 to 07-22-2015) indicate ongoing neck and mid back pain with numbness in 3 fingers on each hand and numbness in the left foot and last 3 toes. Pain levels were 6-7 out of 10 on a visual analog scale (VAS). There were also reports of headaches. Records also indicate no changes in activity levels or level of function. The IW's work status was not specified. The physical exam, dated 07-22-2015, revealed tenderness to palpation along the bilateral middle trapezius muscles with tightness, tenderness over the cervical spine mid-line at C6-7, decreased cervical flexion, extension, lateral flexion and rotation, tenderness along the bilateral upper, middle and lower thoracic spinal muscles with tightness (greater in the middle and right lumbar spine), decreased sensation to pin-prick along the left C6-8, left L5-S1 and right C7, and positive Faber's test on the right. Relevant treatments have included 15+ sessions of physical therapy (PT) with temporary relief, 3 trigger point injections with relief lasting about 2 weeks, 2 chiropractic treatments with no benefit, 2 sessions of acupuncture with no benefit, electrical stimulation, heat, work restrictions, and pain medications (Norco since at least 04-24-2015). The treating physician indicates that CURES are consisted from 10-28-2014 to 04-24-2015, but urine drug screen for 05-26-2015 was inconsistent with THC. Medical marijuana card was obtained. The PR and request for authorization (07-22-2015) shows that the following medications were requested: Norco 10-325mg #120 and

naproxen sodium 550mg #60. The original utilization review (10-02-2015) non-certified the request for Norco 10-325mg #120 and naproxen sodium 550mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that CURES was consistent from 10/2014 to 4/2015. Quantitative urine confirmation from 5/26/15 was inconsistent for THC. Copy of medical marijuana card was obtained. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

**Naproxen Sodium 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

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

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no

more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 6/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.