

Case Number:	CM15-0205511		
Date Assigned:	10/22/2015	Date of Injury:	07/14/2005
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 7-14-2005. Medical records indicate the worker is undergoing treatment for lumbosacral radiculopathy, thoracolumbar radiculopathy and lumbar disc displacement. A recent progress report dated 10-1-2015, reported the injured worker complained of right sided back pain, rated 5 out of 10. Physical examination revealed restricted lumbar range of motion with positive straight leg raise test. Treatment to date has included spinal cord stimulator, physical therapy and Norco (since at least 5-7-2015) and Naproxen (since at least 5-7-2015). The physician is requesting Naproxen 500mg #60 and Norco 10-325mg #120. On 10-9-2015, the Utilization Review noncertified the request for Naproxen 500mg #60 and Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg BID #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: This 43 year old female has complained of low back pain since date of injury 7/14/2005. She has been treated with spinal cord stimulator, physical therapy and NSAIDs since at least 05/2015. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDs for at least 5 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not indicated as medically necessary in this patient.

Norco 10/325 #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: This 43 year old female has complained of low back pain since date of injury 7/14/2005. She has been treated with spinal cord stimulator, physical therapy and opioids since at least 05/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.