

Case Number:	CM15-0216212		
Date Assigned:	11/05/2015	Date of Injury:	12/03/2012
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/03/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 49 year old male, who sustained an industrial injury on 12-3-2012. Diagnoses include lumbar discogenic pain syndrome, radiculitis, myofascial pain, degenerative disc disease, chronic pain syndrome, and shoulder pain and status post lumbar surgery on 1-14-15. Treatments to date include activity modification, medication therapy, acupuncture treatments, and physical therapy. On 9-15-15, he complained of ongoing low back pain with radiation to lower extremities, pain in the neck and bilateral shoulders. Pain was rated 7 out of 10 VAS without pain medications and 3-4 out of 10 VAS with medications. Current medications prescribed since at least April 2015, included Norco 10-325mg, Anaprox, and Prilosec. The medications were noted to decreased pain and increase function. The records indicated a prior history of gastrointestinal surgery and treatment with Prilosec. Urine drug screens were submitted and appropriate. The physical examination documented lumbar tenderness, pain with range of motion, and positive right side straight leg raise test. The plan of care included ongoing medication therapy and initiation of acupuncture treatments. The appeal requested authorization for Anaprox 550mg #60 and Norco 10-325mg tablets #120. The Utilization Review dated 10-23-15, denied the request for Anaprox and modified the request for Norco, allowing Norco 10-325mg tablets #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Anaprox 550mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS recommends NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states regarding low back pain and NSAIDs "Recommended for early use only," and "Recommended as a second-line treatment after acetaminophen. In general, there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute LBP. (van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects." Regarding naproxen in specific Recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The available medical record does not provide documentation of failure of first line therapies, nor does it document any diagnosis of osteoarthritis. Both references (MTUS and ODG) are very clear in that NSAIDs are for short-term use only and this IW has been receiving NSAIDs continuously since 1/15. As such, the request for Anaprox 550mg #60 is deemed not medically necessary at this time.

120 tablets of Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. This IW has exceeded the 2 week recommended treatment length for opioid usage, in fact this request alone exceeds this

recommended treatment window. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid or objectively increased level of function. As such, the request for 120 tablets of Norco 10-325mg is deemed not medically necessary.