

Case Number:	CM15-0222607		
Date Assigned:	11/18/2015	Date of Injury:	09/26/2000
Decision Date:	12/24/2015	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/12/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 9-26-00. The injured worker was diagnosed as having myalgia; lumbar radiculopathy; cervical radiculopathy; thoracic radiculopathy. Treatment to date has included physical therapy; status post bilateral L4-S1 facet medial branch blocks (1-29-15); urine drug screening; medications. Diagnostics studies included MRI lumbar spine (8-12-14); MRI left shoulder (9-10-14). Currently, the PR-2 notes dated 11-3-15 indicated the injured worker reports having a headache for two days and massage helped relax the muscles and decrease the headache. He complains of upper and lower back and hip pain as well as complains of tension in the neck, shoulders and upper back muscles. He complains of low back pain. He is requesting from the provider massage for the muscle tension relief. The injured worker describes his mid and low back pain as deep, throbbing and discomfort and on both sides of the back. On physical examination the provider notes "Trigger points in the upper and lower back with maximum tension at the rhomboids, trapezius and levator scapulae." His cervical spine demonstrates decreased flexion, extension and rotation. The injured worker received massage therapy in the office on this date. Medications were prescribed as the treatment plan. PR-2 notes dated 10-5-15 and 9-3-15 were with the same to similar complaints and treatment plan for medications. A Request for Authorization is dated 11-12-15. A Utilization Review letter is dated 11-11-15 and non-certification for Ranitidine 150mg #1. Utilization Review modified the certification for Naproxen 550mg #180 to allow a quantity of 60; Norco (Hydrocodone-APAP) 10-325mg #270 to allow a quantity of 81; A request for authorization has

been received for Naproxen 550mg #180; Norco (Hydrocodone-APAP) 10-325mg #270; Ranitidine 150mg #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #180: 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 California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended 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. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: 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. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. The requested amount however exceeds recommended dosing and therefore the request is not medically necessary.

Norco (Hydrocodone/APAP) 10/325mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, 5th Edition, 2007.

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

Ranitidine 150mg #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, ranitidine.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of gastritis, peptic ulcer disease, dyspepsia and GERD .The patient does not have these diagnoses and has no documentation of symptoms and findings on exam. Therefore the request is not medically necessary.