

Case Number:	CM15-0031159		
Date Assigned:	02/24/2015	Date of Injury:	01/02/2014
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on January 2, 2014. The mechanism of injury is unknown. The diagnoses have included T12 compression fracture, L3 compression fracture and left ankle medial malleolar and talar neck fracture. Treatment to date has included surgery, physical therapy and medications. On February 11, 2015, the injured worker complained of mid to low back pain, left ankle pain and right knee pain. The pain was rated as a 7 on a 1-10 pain scale. The pain was worse with prolonged walking and sitting. On January 30, 2015 Utilization Review non-certified unknown prescription of Naproxen, noting the CA MTUS Guidelines. Utilization Review modified a request for unknown prescription of Norco to Norco #45, noting the CA MTUS Guidelines. On February 19, 2015, the injured worker submitted an application for Independent Medical Review for review of unknown prescription of Norco and unknown prescription of Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, unknown Norco prescription is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are T 12 compression fracture; L3 compression fracture; left ankle medial malleolar and talar neck fracture; right tibial plateau fracture; and head trauma and loss of consciousness. The documentation indicates the injured worker was using Norco as far back as October 14, 2014. The treating provider instructed the injured worker to use Norco for flare-ups. The documentation does not contain a risk assessment or detailed pain assessments. There is no documentation of objective functional improvement with ongoing Norco use. Medication strength and dosing is not listed in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement with detailed medication strength and quantity, unknown Norco prescription is not medically necessary.

Unknown prescription of Naproxen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, unknown prescription Naproxen is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured workers working diagnoses are T 12 compression fracture; L3 compression fracture; left ankle medial malleolar and talar neck fracture; right tibial plateau fracture; and head trauma and loss of consciousness. The documentation indicates the injured worker was taking Naproxen as far back as July 7, 2014. The documentation does not contain evidence of objective functional improvement. An agreed-upon medical examination (according to the utilization review but not present in the medical record) indicated the injured worker was to discontinue Naproxen because of the risk of adverse effects. The guidelines recommend Naproxen for moderate to severe pain at the lowest dose for the shortest period. A progress note dated February 2015 stated the injured worker was to continue Naproxen for mild to moderate pain. This is not in accordance with the recommended guidelines. Consequently, absent clinical

documentation with objective functional improvement in accordance with the recommended guidelines, unknown prescription Naproxen is not medically necessary.