

<b>Case Number:</b>	CM15-0032636		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36-year-old female, who sustained an industrial injury on January 20, 2013. The injured worker has reported low back pain. The diagnoses have included low back pain, chronic pain syndrome, lumbar strain and myalgia. Treatment to date has included pain medication, MRI, X-rays, electrodiagnostic studies, acupuncture and a transcutaneous electrical nerve stimulation unit. Current documentation dated January 29, 2015 notes that the injured worker complained of neck pain and worsening low back pain with radiation to the right buttock. The pain was rated a four out of ten on the Visual Analogue Scale with medications. The current medication regime reduces the injured worker's pain by fifty percent and allows the injured worker to continue working. Physical examination of the lumbar spine revealed tenderness over the lower thoracic paraspinal muscles and the sacroiliac joint on the right side. The pain was increased with range of motion and a straight leg raise was noted to be positive on the right. On February 9, 2015 Utilization Review non-certified a request for Norco 10/325 mg # 60 and Naproxen 550 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70, 78, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** Based on the 01/28/15 progress report provided by the treating physician, the patient presents with low back pain radiating into the right buttock. The request is for NAPROXEN 500MG, #60. Patient's diagnosis per Request for Authorization form dated 01/30/15 included low back pain. Patient's medications include Naprosyn, Norco, Cyclobenzaprine, Omeprazole, Linaclotide, Ondansteron, Norgestimate/thinyl estradio, and Clindamycin/benzoyl peroxide cleans. This patient is working full-time with modified duty per progress report dated 08/19/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain." Naproxen was included in patient's medications, per treater reports dated 08/19/14, 09/05/14 and 01/28/15. Per progress report dated 01/28/15, treater states, "We will continue with medication management. The medications are helpful to decrease pain and increase function. They reduce pain over 50% and allow her to continue working." The request for Naproxen appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

**Norco 10/325 mg#60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 70, 78, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the progress report dated 01/28/15 provided by the treating physician, the patient presents with low back pain radiating into the right buttock. The request is for NORCO 10/325MG #60. The patient's diagnosis per Request for Authorization form dated 01/30/15 is low back pain. The patient's medications include Naprosyn, Norco, Cyclobenzaprine, Omeprazole, Linaclotide, Ondansteron, Norgestimate/thinyl estradio, and Clindamycin/benzoyl peroxide cleans. This patient is working full-time with modified duty per progress report dated 08/19/15. For Norco, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work and duration of pain relief. Norco was included in patient's medications, per treater reports dated 08/19/14, 09/05/14 and 01/28/15. Per progress report dated 01/28/15, treater states "We will continue with medication management. The medications are helpful to decrease pain and increase function. They reduce pain over 50% and allow her to continue working." MTUS requires documentation of the 4 A's. Per the most recent progress report dated 01/28/15, the patient reports that her pain is an 8/10 without medications and 4/10 with medications. The physician provides a urine drug screen performed 01/28/15 which shows consistent results. The CURES report in the same progress reports shows no suspicious activity. This patient denies any adverse side effects. The patient is currently working - this is a highest level of functional improvement, and what would constitute labor code 9792.20(e) definition of functional improvement. There appears to be sufficient evidence of close monitoring and medication documentation. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request is in accordance with guidelines. Therefore, this request IS medically necessary.