

<b>Case Number:</b>	CM15-0057639		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 53-year-old male with an industrial injury dated 12/03/2013. His diagnoses include persistent left wrist pain and low back pain. Prior treatments include physical therapy, diagnostic testing and opioid medications. He is also going to the gym on his own and is taking anti-inflammatory medications. He presents on 02/23/2015 with complaints of low back and left wrist pain. The provider documents the injured worker has not noticed a significant improvement with physical therapy. Physical exam notes stiffness with range of motion in the left wrist but appears to be more symmetrical and equal to the right side at the time of the exam. Grip strength was noticeably weaker but feels a little bit better than on his last visit. The provider notes the injured worker's opioid medications bring his pain from a 10/10 to a 6/10. The treatment plan includes opioid and anti-inflammatory medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID 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, Relafen 750 mg #60 with three refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are persistent left wrist pain; and low back pain. The oldest progress notes in the record is dated February 24, 2014. The injured worker was already taking Relafen 750 mg b.i.d. and Norco 10/325 mg PO TID. The Norco was increased to QID at that visit. There was associated stomach irritation and the injured worker was started on Prilosec. Relafen 750 mg was continued. VAS pain scale was 7/10 - 8/10. The injured worker was awakened by the six times per night with left wrist pain and low back pain. In a progress note dated February 23, 2015 (the most recent), the injured worker had a persistently elevated VAS score of 6/10 with medications. Norco 10/325 mg QID was continued through the present. Relafen 750 mg #60 was continued through the present. Relafen is indicated at the lowest dose for the shortest period in patients with moderate to severe pain. The treating provider has not attempted to wean the patient off Relafen. Additionally, there is no documentation of a first line non-steroidal anti-inflammatory drug failure such as Naprosyn or Motrin. There is no documentation of objective functional improvement with continued Relafen use. Consequently, absent clinical documentation with objective functional improvement, documentation of first-line non-steroidal anti-inflammatory drug use and failure, in excess of the recommended guidelines (recommended at lowest dose for shortest period), Relafen 750 mg #60 with three refills is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**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, Norco 10/325 mg #120 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with

evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are persistent left wrist pain; and low back pain. The oldest progress notes in the record is dated February 24, 2014. The injured worker was already taking Relafen 750 mg b.i.d. and Norco 10/325 mg PO TID. The Norco was increased to QID at that visit. There was associated stomach irritation and the injured worker was started on Prilosec. Relafen 750 mg was continued. VAS pain scale was 7/10 - 8/10. The injured worker was awakened by the six times per night with left wrist pain and low back pain. In a progress note dated February 23, 2015 (the most recent), the injured worker had a persistently elevated VAS score of 6/10 with medications. Norco 10/325 mg QID was continued through the present. There is no documentation demonstrating objective functional improvement with ongoing Norco 10/325 mg QID. There has been no attempt at weaning the opiate. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent compelling medical documentation with objective functional improvement with ongoing Norco, absent risk assessments and detailed pain assessments (with ongoing long-term opiate use), Norco 10/325 mg #120 is not medically necessary.