

Case Number:	CM15-0081065		
Date Assigned:	05/01/2015	Date of Injury:	08/30/2010
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/28/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 56 year old female, who sustained an industrial injury on 8/30/2010. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbar spine radiculitis. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 1/12/2015, the injured worker complains of low back pain that shoots down bilateral lower extremities with numbness and tingling. The treating physician is requesting Naproxen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period of time. In this case, there is no documentation of medical necessity for long-

term use of Naproxen. The request for Naproxen 550 mg #90 is not medically necessary and appropriate.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines state that ongoing use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is an absence of evidence that the patient has functional improvement with Norco. The request for Norco 10/325 mg #120 is not medically necessary and appropriate.