

Case Number:	CM14-0147241		
Date Assigned:	09/15/2014	Date of Injury:	04/01/2011
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35-year-old man with a date of injury of April 1, 2011. He is stated to have progressively worsening low back pain radiating into his legs, jaw and tooth pain, spasm and tenderness of the lower back, and neck pain radiating into his shoulders and arms. He has C3-6 disc herniation, L4-5 disc herniation, thoracic spine sprain/strain, left temporomandibular syndrome, post-traumatic phobia, cephalgia, right carpal tunnel, anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, Naprosyn is addressed for its analgesic/anti-inflammatory effects. At the dose of 550 mg by mouth twice daily, it can be increased to 1650 mg a day for limited periods. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days, except for limited periods. This injured worker has chronic and diffuse musculoskeletal complaints since 2011. However a review of his

medications on March 6, 2014 stated that additional authorization for continued use of Anaprox required documentation of effectiveness. Yet there is no evidence that his pain has been lessened, that his functionality has improved, that his medications have been decreased, and that his ability to work has increased. In fact, just the opposite -- his pain on Anaprox has become progressively worse. The request for Anaprox 550mg #240 is not medically necessary.

Norco 10/325mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids; Opioids, specific drug list; Opioids for Chronic Pain.

Decision rationale: Norco is hydrocodone with acetaminophen, and is indicated for moderate to moderately severe pain. This worker has chronic musculoskeletal pain. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non steroidal anti-inflammatory drugs (as suggested by the World Health Organization step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell-Annals, 2007). This worker has chronic musculoskeletal pain and has been prescribed opioids. However, there is no evidence that his pain has been lessened, that his functionality has improved, that his medications have been decreased, and that his ability to work has increased. In fact, just the opposite -- his pain on Norco has become progressively worse. The request for Norco 10/325mg #360 is not medically necessary.

Prilosec 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec is omeprazole, a proton pump inhibitor. Per Chronic Pain Medical Treatment Guidelines, workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non steroidal anti-inflammatory drug with either a proton pump inhibitor (for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. This worker has no history of gastrointestinal problems and no evidence of medication-induced gastro-esophageal reflux disease. The request for Prilosec is not medically necessary.