

<b>Case Number:</b>	CM14-0162235		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/02/2001
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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 patient is a 52 year old with an injury date on 8/2/01. Patient complains of increasing low lumbar pain per 9/2/14 report. Patient states that Tramadol 50mg has not been helping as it was previously, and he needs something stronger per 9/2/14 report. Patient had a flare-up of lower back pain on 7/8/14 report. Based on the 9/2/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar disc herniation 2. myofascial pain syndrome 3. history of dyspepsia/gastritis Exam on 9/2/14 showed "lumbar range of motion decreased in flexion 45/60 degrees and extension 15/25 degrees. Straight leg raise is negative. Lower extremity DTR is 2+." [REDACTED] is requesting naproxen sodium 550mg #120 and Norco 2.5/325mg #120. The utilization review determination being challenged is dated 9/17/14 and denies both Naproxen and Norco due to a lack of documentation of prior effectiveness. [REDACTED] is the requesting provider, and he provided treatment reports from 3/18/14 to 9/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550 MG #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ANTI-INFLAMMATORY MEDICATIONS; NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), pages 60-61; 22; 67-68.

**Decision rationale:** This patient presents with lower back pain. The provider has asked for naproxen sodium 550mg #120 on 9/2/14. Review of the reports does not show any evidence of taking naproxen or any other NSAID in the past. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to Acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with chronic lower back pain that is worsening, and a trial of the requested naproxen sodium 550mg #120 appears reasonable. Therefore, this request is medically necessary.

**Norco 2.5/325 MG #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

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

**Decision rationale:** This patient presents with lower back pain. The provider has asked for Norco 2.5/325mg #120 on 9/2/14. Patient has been taking Tramadol since 3/18/14 report and no other opioids. Review of the reports does not show any evidence of Norco being trialed in the past. A urine drug screen on 3/18/14 showed expected results, positive for Tramadol. Regarding medications for chronic pain, MTUS pg. 60 states provider must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the patient states that Tramadol is no longer effective, and provider is switching to Norco. A trial of the requested Norco 2.5/325mg #120 appears reasonable for patient's ongoing and worsening lower back pain. Therefore, this request is medically necessary.