

Case Number:	CM14-0165962		
Date Assigned:	10/13/2014	Date of Injury:	01/08/2008
Decision Date:	11/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 44 year-old male with a date of injury of January 8, 2008. The patient's industrially related diagnoses include lumbar spine discopathy and lumbar radiculitis. The disputed issues are a prescription for Naproxen 550mg #60, a prescription for Prilosec 20mg #60, and a prescription for Norco 10/325mg #60 with 1 refill. A utilization review determination on 9/12/2014 had non-certified these requests. The stated rationale for the denial of Norco was: "There was no documentation that the prescriptions were from a single practitioner and were taken as directed and the lowest possible dose was prescribed and there would be ongoing review and documentation of pain relief, functional level, appropriate medication use and side effects." The stated rationale for the denial of Naproxen was: "It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use." Lastly, the request for Prilosec was denied because, "This patient is not at intermediate risk of GI event and the request is not reasonable."

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 1 tab PO BID PRN inflammation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66, 67, 69, 70, 71, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. The utilization reviewer denied the request because the injured worker has been on long-term NSAID without any documentation of significant derived benefit through prior long-term use. In the progress reports available for review from 2013-2014, there is no documentation regarding the benefits that the injured worker derives from the use of Naproxen. In a progress report dated 8/25/2014, the primary treating physician documented that the medications were renewed for pain and the instructions on the prescription specify PRN use for inflammation, but there is no further discussion regarding the use of Naproxen. Therefore, based on the guidelines and lack of documentation, the medical necessary for Naproxen 550mg #60 cannot be established. The request is not medically necessary.

Prilosec 20mg #600 1 cap PO BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec 20mg (Omeprazole) is a proton pump inhibitor (PPI) appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI can be used. The following is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the progress reports available for review, there is no documentation indicating that the injured worker has symptoms of dyspepsia or is at risk for gastrointestinal events. There is no documentation of a history of GI problems. The injured worker is being prescribed Naproxen 550mg twice a day PRN ("as needed") for inflammation, but taking an NSAID alone does not place him at intermediate risk according to the guidelines. There is no indication for a PPI for his industrial injury. Therefore, Prilosec 20mg #60 is not medically necessary at this time.

Norco 10/325mg #60 with 1 refill 1 tab PO q6-8 PRN Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, On-Going Management, Weaning of Medicat.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-80.

Decision rationale: Norco 10/325mg (hydrocodone/acetaminophen) is an opioid that was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Therefore, it can no longer be refilled. Norco is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician does not adequately document monitoring of the four domains. In regard to pain relief, there is no indication that the medication is improving the patient's pain in terms of percent reduction in pain or reduced NRS. The pain management specialist does document a pain level of 8/10 without medication and 6/10 with medication on a progress report dated 8/14/2014. However, he is not the provider that is prescribing Norco and there is no documentation in his report regarding Norco. In the report, he states that the primary treating physician is providing the pain medications. In regard to functional improvement, there is no documentation or examples of objective functional improvement. Side effects of Norco are not documented, and there was no discussion regarding possible aberrant drug-related behavior. There was a urine drug screen report done on 8/25/2014 that was positive for hydrocodone, but there is no documentation of a recent signed opioid agreement or CURES report to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for Norco 10/325mg #60 with 1 refill cannot be established at this time. Furthermore, Norco can no longer be refilled, so the request is not valid with 1 refill. Although Norco is not medically necessary at this time, since it is an opioid, it should not be abruptly halted.