

<b>Case Number:</b>	CM14-0165987		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 60 year-old female with a date of injury of March 19, 2014. The patient's industrially related diagnoses include lumbar radiculopathy, cervical sprain and strain, and lumbar sprain and strain. The disputed issues are a prescription for Naproxen 550mg #60 and Norco 5/325mg #30. A utilization review determination on 9/16/2014 had non-certified these requests. The stated rationale for the denial of Norco was: "This request is not reasonable with the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was prescribed and there would be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects." The stated rationale for the denial of Naproxen was: "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."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg 2 tabs daily #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**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. In the progress report dated 8/29/2014, there is documentation that Naproxen 550mg 2 tabs per day in combination with Norco is providing pain relief and objective functional improvement. Pain level without medication is reported to be 9/10 but 6-7/10 with medication. The utilization review did not certify the request because the injured worker has been on long-term NSAID without any documentation of significant derived benefit through prior long-term use. However, the injured worker does report that she is able to walk for longer periods of time with the use of this medication due to decrease in pain. Therefore, based on the guidelines and the documentation, the request for Naproxen 550mg #60 is medically necessary.

**Norco 5/325mg 2 tabs daily #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

**Decision rationale:** Norco 5/325mg (hydrocodone/acetaminophen) is a Scheduled II opioid that 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 nonadherent) 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 improved function and pain. In the progress report dated 8/29/2014, the treating physician documents that the combination of Norco with Naproxen is improving the injured worker's function and pain. In regard to pain relief, the injured worker reported a pain level of 9/10 without medication and 6-7/10 with medication. In regard to functional improvement, the injured worker reports the medications increase her ability to walk for longer periods of time. In regard to side effects, the injured worker reports the medications make her "sleepy" (but this side effect was not addressed or treated). However, there was no discussion regarding possible aberrant drug-related behavior. There is no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no 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 5/325mg #30 cannot be established at this time. Although Norco is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

