

Case Number:	CM14-0168691		
Date Assigned:	10/16/2014	Date of Injury:	10/30/2007
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family 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:

This injured worker's date of injury is 10/30/2007. This injured worker receives treatment for chronic neck pain with radiation to the right upper extremity and low back pain with radiation to the lower extremities. The injured worker has a right hand contracture with claw deformity. A lumbar spine MRI on 10/10/2013 shows prior surgery at L3-L4, L2-L3 and L4-L5 disc extrusion and straightening of the low back. A cervical spine MRI on 10/10/2013 shows a C3-C4 disc protrusion and a right facet arthropathy. The injured worker had anterior cervical decompression surgery at C5-C6 and lumbar fusion at L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

Decision rationale: This injured worker has chronic neck and back pain with a history of failed neck and low back surgery. NSAIDs may be clinically indicated to treat osteoarthritis at the lowest dose for the shortest period of time or for acute exacerbations of low back pain. Long-

term NSAIDS for other conditions expose the patient to GI bleeding, cardiovascular complications, and in the presence of CKD increased kidney injury. There is no monitoring for any of these complications. The request for Naproxen is not medically necessary.

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for Use for a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

Decision rationale: This injured worker has chronic neck and back pain with a history of failed neck and low back surgery. Opioids can be beneficial for neck and low back pain, but only for short-term pain relief. Studies show that when used for the long-term management of pain, the patient becomes at risk for substance abuse disorders. In addition studies fail to show significant benefit of return to function with opioids. The documentation does not address the level of analgesia obtained nor the return to function. Based on the documentation, the request for Norco is not medically necessary.