

<b>Case Number:</b>	CM14-0179108		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 and Pain Management, has a subspecialty in Interventional Spine 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 56-year-old female with a date of injury of 07/16/2008. The listed diagnoses per [REDACTED] are: 1.Lumbago.2.Left leg radiculopathy with hip flexor weakness.3. Left hip degenerative joint disease. According to progress report 09/23/2014, the patient presents with complaints of ongoing low back pain with radiating pain and tingling sensation down the back and inner left leg into the foot. The patient rates her pain as 6-8/10 on VAS. The patient is currently taking medications, Anaprox DS 550 mg and Norco 5/325 mg. Examination of the lumbar spine and lower extremities revealed decreased sensation over the left L5 dermatome distribution. "Mild pain and positive range of motion of the left hip." Recommendation was for Anaprox 550 mg and Norco 5/325 mg. Utilization review denied the requested on 10/03/2014. Treatment reports from 02/18/2014 through 09/23/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg TID as needed #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with low back pain that radiates into the lower extremities. The treating physician is requesting a refill of Norco 5/325 t.i.d. as needed #90. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since at least 02/18/2014. Report 02/18/2014 states that the patient describes pain as 5-6 on a pain scale of 0-10. It was noted the patient needs assistance from her daughter to help clean the showers and the floors. The 09/23/2014 report states the patient rates her pain 6-8/10. It was noted the patient underwent a urine toxicology screening to verify medication compliance. The patient is currently not working. In this case, the treater has provided a pain scale to denote patient's current pain and has provided random urine drug toxicology to verify compliance but none of the reports discuss the efficacy of this medication. No before and after pain scales are provided show analgesia; no specific ADL's are discussed, no change in work status or return to work to show significant functional improvement. No side effects are discussed and other than urine toxicology, other aberrant issues are not discussed such as CURES, early refills/lost meds, etc. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary and appropriate.

**Anaprox 550 mg 1 tab 2 times a day as needed #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

**Decision rationale:** This patient presents with continued low back pain that radiates into the lower extremities. The treating physician is requesting a refill of Anaprox 550 mg 1 tablet 2 times a day as needed #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also support oral NSAIDs for chronic low back pain. Review of the medical file indicates the patient has been prescribed this medication since at least 02/18/2014. The treating physician in his monthly progress reports provides a pain scale to denote the patient's current pain, but there is no discussion regarding this medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation of Anaprox cannot be supported. The request is not medically necessary and appropriate.

