

Case Number:	CM14-0215084		
Date Assigned:	01/02/2015	Date of Injury:	04/06/2004
Decision Date:	02/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

66 yr. old male claimant sustained a work injury on 4/6/04 involving the low back. He was diagnosed with degenerative disk disease and thoracic/lumbar radiculitis. He had undergone a thoracic laminectomy and developed post laminectomy syndrome. He had undergone epidural steroid injections and a home exercisr program that were beneficial. A progress note on 11/12/14 indicated the claimant had back and lower extremity pain. Exam findings were notable for restricted range of motion of the low back and a positive straight leg raise. He had been on Norco, Naproxen and topical Lidoderm patches for pain. He had been on Norco and Naproxen since at least 1/2014 and required the use of Protonix for Gi protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for nearly a year without significant improvement in pain or function. In addition, it had been combined with an NSAID. The direct benefit of Norco was not mentioned. The pain scale response over time was not documented. The continued use of Norco is not medically necessary.

Naproxen Sodium 550 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required the use of Protonix for GI protection while on Naproxren. In addition, it had been combined with an opioid. The direct benefit of Naproxen was not mentioned. Continued use of Naproxen is not medically necessary.