

Case Number:	CM15-0106304		
Date Assigned:	06/10/2015	Date of Injury:	10/31/2012
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 10/31/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar congenital spondylolisthesis, cervical spine stenosis, myelopathy, psychogenic pain, cervical fusion, left knee meniscus tear and sciatica. Bilateral lower extremities electromyography (EMG) showed lumbar radiculopathy and mild right Sural sensory neuropathy. Treatment to date has included surgery, physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 5/4/2015, the injured worker complains of pain in the neck, low back, left knee and right upper extremity. Physical examination showed normal muscle tone in all extremities. The treating physician is requesting Naproxen 550 mg #90 and Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for neck pain, low back pain, right upper extremity pain, and left knee pain. When seen, urine drug screening had been done at the previous visit. These results were reviewed. Physical examination findings included an antalgic gait and he appeared anxious and in pain. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations but the quantity (#90) is not consistent with that dose and may be a transcription error as the same quantity of Norco was prescribed. Regardless, the request cannot be considered as being medically necessary.

Norco 10/325mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for neck pain, low back pain, right upper extremity pain, and left knee pain. When seen, urine drug screening had been done at the previous visit. These results were reviewed. Physical examination findings included an antalgic gait and he appeared anxious and in pain. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and the total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco was medically necessary.