

Case Number:	CM15-0010486		
Date Assigned:	01/28/2015	Date of Injury:	02/16/2009
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/19/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female with an industrial injury dated February 16, 2009. The injured worker diagnoses include herniated nucleus pulposus of the cervical spine, status post right shoulder subacromial decompression, distal clavicle resection, status post left shoulder subacromial decompression and distal clavicle resection, left ulnar neuritis, right ulnar neuritis, stress and anxiety and internal disorders including gastric and liver. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultations and periodic follow up visits. According to the progress note dated 12/23/14, injured worker reported neck pain and stiffness. Objective findings revealed tenderness in the cervical paraspinals, trapezii, and anterior aspect of the bilateral shoulders with decrease range of motion. The treating physician prescribed Anaprox 550mg #60 x 2 refills and Norco 10/325mg #100. Utilization Review (UR) determination on January 6, 2015 denied the request for Anaprox 550mg #60 x 2 refills and Norco 10/325mg #100, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60 x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The patient presents with neck pain and stiffness along with diagnosis of anxiety and internal disorders including gastric and liver. The current request is for Anaprox 550 mg #60 x 2 refills. Anaprox (generic name Naproxen) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The treating physician on 11/11/14 (E16) states Dispensed Naproxen 550mg #60. Regarding NSAIDs, MTUS does recommend NSAID's for first line treatment to reduce pain. MTUS additionally supports NSAIDs for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, A record of pain and function with the medication should be recorded, when medications are used for chronic pain. In this case, the physician has noted that there is functional improvement and improvement in pain with medication usage. The current request is medically necessary and the recommendation is for authorization.

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with neck pain and stiffness along with diagnosis of anxiety and internal disorders including gastric and liver. The current request is for Norco 10/325mg #100. The treating physician on 1/27/15(E30) states prescription given for Norco 10/325mg. It is unclear how long the patient has been treating with Norco however treatment is noted in the clinical history historically back too at least 9/2/14 (E7). Regarding chronic use of opioids, MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).In this case, the treating physician on 1/27/15 (30E) states she is noting functional improvement and improvement in pain. The physician further notes she rates her pain at 9 out of 10. She notes improvement with activities of daily living. The documentation reviewed does not give any specific improvements in ADLs, functional improvements or discuss the patient's adverse side effects or adverse behavior. MTUS requires much more thorough greater documentation for the chronic use of opioids. Therefore, the current request is not medically necessary and the recommendation is for denial.

