

Case Number:	CM15-0013446		
Date Assigned:	02/02/2015	Date of Injury:	07/20/2011
Decision Date:	03/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old female, who sustained an industrial injury on July 20, 2011. The diagnoses have included lumbar sprain/strain chronic, lumbar disc protrusion, history of anxiety and depression and lumbar radiculopathy. Treatment to date has included oral pain medications and Non-steroidal anti-inflammatory drug. Currently, the injured worker complains of persistent intermittent slight to moderate to occasionally severe lower back pain radiating to the right lower extremity with associated numbness and paresthesias. In a progress note dated December 24, 2014, the treating provider reports walking with cautious gait favoring right lower extremity, diffuse lumbar tenderness to palpation with guarded limited lumbar motion, decreased range of motion. On January 15, 2015 Utilization Review non-certified a Norco 5/325mg quantity 100, and Naprosyn 500mg quantity 100, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

Decision rationale: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 2, 2011. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve requests for Naprosyn and Norco. The claims administrator referenced an RFA form received on January 6, 2015 and a progress note of December 14, 2014 in its determination. The claims administrator contended that the applicant failed to profit from ongoing medication consumption. The applicant's attorney subsequently appealed. In an RFA form of December 18, 2014, both Naprosyn and Norco were renewed. In an associated progress note of December 24, 2014, the applicant reported persistent complaints of low back radiating to the right leg, moderate to severe. The applicant had not returned to work. The attending provider went on to renew medications and suggested that the applicant consult with a pain management physician to evaluate ongoing medication consumption. The attending provider stated that the applicant's medications were diminishing pain scores from 9-10/10 to 4/10. The attending provider did not, however, outline any meaningful or material improvements in function effected as a result of ongoing medication consumption. REFERRAL QUESTIONS: 1. No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, as of the December 24, 2014 progress note on which Norco was renewed. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing Norco usage, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing medication usage, including ongoing Norco usage. Therefore, the request was not medically necessary.

Naprosyn 500mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Chronic Pain Medical Treatment Guidel.

Decision rationale: 2. Similarly, the request for Naprosyn, an antiinflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon an attending provider to incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Naprosyn usage. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider's progress notes

failed to outline any meaningful or material improvements in function effected as a result of ongoing Naprosyn usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing use of Naprosyn. Therefore, the request was not medically necessary.