

Case Number:	CM15-0017399		
Date Assigned:	02/05/2015	Date of Injury:	08/16/2013
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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
 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 37 year old male who sustained an industrial related injury on 8/16/13 while pulling a hose. The injured worker had complaints of low back pain that radiated to the right buttock, right posterior thigh, and the right calf with numbness and tingling in the big toe. Physical examination findings included decreased sensation in the right L5 dermatome with a negative straight leg raise test. Fabere's sign was negative and the straight leg raise on the right caused discomfort. The diagnosis was lumbar disk disease with L4-5 disk protrusion with extrusion and right sided radiculopathy. Treatment included chiropractic treatment and lumbar epidural injections. Medication included Norco and Naprosyn. The treating physician requested authorization for Norco 10/325 #60 and Naprosyn 550mg #60 with one refill. On 1/6/15 the requests were modified or non-certified. Regarding Norco, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was of a lack documentation of pain relief and function improvement. Therefore the request was modified to a quantity of 30 for weaning. Regarding Naprosyn, the UR physician cited the MTUS guidelines and noted there was a lack of documentation as to the length of time the injured worker had been taking NSAIDs and it was unclear if the NSAID was being taken at the lowest effective dose. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Norco 10mg/325mg: 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): 76-78, 88-89.

Decision rationale: According to the 12/24/2014 report, this patient presents with low back pain travel to right lower extremity. The current request is for 60 tablets of Norco 10/325mg. This medication was first mentioned in the 10/14/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not provided for review. The patient's work status is "modified duty." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's: analgesia, ADL's, adverse side effects, and adverse behavior are required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Based on 10/14/2014 medical report provided, the treating physician indicate the patient's pain is at a constant 8 out of 10. "The pain is worse with bending, twisting, and lifting." In this case, there is documentation of pain using the numerical pain scale but no before and after analgesia is provided. No specific ADL's are mentioned and there is but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary.

60 tablets of Naprosyn 550 mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Chronic pain Non-steroidal anti-inflammatory drugs Page(s): 60-.

Decision rationale: According to the 12/24/2014 report, this patient presents with low back pain travel to right lower extremity. The current request is for 60 tablets of Naprosyn 550mg with one refill. The request for authorization is not provided for review. The patient's work status is "modified duty." The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In reviewing the provided reports, this medication was first mentioned in the 10/14/2014 report; it is unknown exactly when the patient initially started taking this medication. The treating physician does not mention whether or not this medication is helping to improve pain and function. In this case, the there is

no documentation of medication efficacy as required by the MTUS guidelines. The current request IS NOT medically necessary.