

Case Number:	CM15-0110999		
Date Assigned:	06/17/2015	Date of Injury:	04/23/2013
Decision Date:	07/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 36 year old female, who sustained an industrial injury on 4/23/13. She reported pain in her neck, lower back, right knee and ankle related to losing her balance and falling. The injured worker was diagnosed as having lumbosacral disc degeneration and depressive disorder. Treatment to date has included L4-L5 epidural injection on 11/20/14, physical therapy and a lumbar MRI. Current medications include Tizanidine, Ambien, Xanax, Wellbutrin, Norco, Naprosyn and Colace. As of the PR2 dated 4/7/15, the injured worker reports 4-9/10 lower back pain. She indicated 50% relief from the lumbar epidural injection, which lasted for ten weeks. The treating physician requested Norco 10/325mg #60, Naprosyn 500mg #60 and Colace 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months from the medication, although she had a ten-week reduction in pain from an epidural steroid injection. Norco 10/325 #60 is not medically necessary.

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Naprosyn 500mg #60 is not medically necessary.

Colace 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. The opiates are not medically necessary and have been discontinued; consequently, Colace is not medically necessary. Colace 100mg is not medically necessary.