

Case Number:	CM15-0123813		
Date Assigned:	07/08/2015	Date of Injury:	01/26/2005
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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, Florida, 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 67 year old female, who sustained an industrial injury on 1/26/05. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar disc displacement without myelopathy; degeneration lumbar disc; symptoms of the back not otherwise classified. Treatment to date has included medications. Currently, the PR-2 notes dated 4/30/15 indicated the injured worker complains of chronic low back pain. She continues to have axial low back pain with episodes of increased pain in the low back along with spasms. She reports benefit of her pain medications including Skelaxin which reduce the severity of her muscle spasms. She averages 15 tables a month. She uses Norco which gives her 90% reduction in pain for several hours of the day. She reports her overall pain is decreased with medications is from 8/10 down to 2/10. The provider documents the injured worker is a status post lumbar spine surgery of 2008 with improvement of some of her pain. The provider's treatment plan included a request for authorization of Hydrocodone/APAP 10/325mg #180 and Naproxen-Anaprox DS 550mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured about 10 years ago with diagnoses of lumbar disc displacement without myelopathy; degeneration of a lumbar disc; and symptoms of the back not otherwise classified. As of April 2015, there is chronic low back pain. Norco subjectively gives her 90% reduction in pain for several hours of the day. The provider documents the injured worker is a status post lumbar spine surgery of 2008 with improvement of some of her pain. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore, the requested treatment is not medically necessary.

Naproxen-Anaprox DS 550mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments Page(s): 60 and 67 of 127.

Decision rationale: As shared earlier, this claimant was injured about 10 years ago with diagnoses of lumbar disc displacement without myelopathy; degeneration of a lumbar disc; and symptoms of the back not otherwise classified. As of April 2015, there is chronic low back pain. Norco subjectively gives her 90% reduction in pain for several hours of the day. The provider documents the injured worker is a status post lumbar spine surgery of 2008 with improvement of some of her pain. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest

possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately non-certified. Therefore, the requested treatment is not medically necessary.