

Case Number:	CM15-0172363		
Date Assigned:	09/14/2015	Date of Injury:	10/31/2012
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 10-31-2012. Diagnoses include neck pain, thoracic spine pain, and sciatica, long term use of medications, pain psychogenic, cervical spinal stenosis, myelopathy, therapeutic drug monitoring and long term use of medications. Physician progress notes dated 02-09-2015 to 07-30-2015 documents the injured worker has residual symptoms of numbness and tingling in his hands bilaterally status post cervical fusion, however his weakness has improved along with his neck pain. He complains of severe left knee pain. He has a meniscus tear on the Magnetic Resonance Imaging. His left knee is positive for drop sign, patella grind and positive Apley's compression. He complains of severe back pain. His medications include Naproxen, Norco, Aspirin, Lisinopril, and Metformin. He complains of anxiety and depression. He ambulates with an antalgic gait. On 10-20-2015 there is documentation that the Norco was discontinued due to a positive urine screen for methamphetamines. The injured worker denies use of methamphetamines. Norco was resumed on 02-09-2015. Treatment to date has included diagnostic studies, medications, status post spinal fusion, use of a TENS unit, and physical therapy. On 08-18-2014 and Electromyography and Nerve Conduction Velocity revealed evidence of acute right L4 lumbar radiculopathy with ongoing denervation at the right tibialis anterior, and evidence of mild right sural sensory neuropathy. He is not working. A RFA dated 07-30-2015 is requesting Naproxen Sodium 550mg 1 every 12 hours, #90 and Norco 10-325mg 1 every 8 hours #90. On 08-10-2015 the Utilization Review non-certified the request for Norco 10/325mg #90, and Naproxen 550mg #90 was modified to Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores were not consistently found. Continued use of Naproxen is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, criteria for use.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with Naproxen for several months. Pain scores were not routinely noted. There was no mention of Tylenol, or weaning failure. The continued and chronic use of Norco is not medically necessary.