

Case Number:	CM15-0172840		
Date Assigned:	09/15/2015	Date of Injury:	03/30/2010
Decision Date:	10/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/02/2015

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 38 year old male, who sustained an industrial injury on 3-30-2010. The medical records indicate that the injured worker is undergoing treatment for low back pain and degeneration of lumbar intervertebral disc. According to the progress report dated 6-12-2015, the injured worker complains of left-sided low back pain. The pain is rated 8 out of 10 on a subjective pain scale. The physical examination from (6-12-2015) did not reveal any significant findings. The current medications are Norco and Flexeril. There is documentation of ongoing treatment with Naproxen and Norco since at least 3-13-2015. Treatment to date has included medication management, MRI studies, and lumbar epidural steroid injection (helped with right-sided sciatic, but not with left). The injured worker described his work status as "back at work". The original utilization review (8-24-2015) had non-certified a request for Norco and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (hydrocodone/apap) 10/325mg #180: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient was injured on 03/30/10 and presents with pain in his low back, cervical spine, and numbness along his elbow into the right small finger. The request is for NORCO (HYDROCODONE/APAP) 10/325MG #180. The RFA is dated 08/18/15 and the patient's current work status is not provided. There are two recent treatment reports provided, dated 03/13/15 and 04/14/15. The patient has been taking this medication as early as 03/13/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." The patient is diagnosed with low back pain and degeneration of lumbar intervertebral disc. In this case, none of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.

Naproxen (Aleve DS, Anaprox DS) 550mg #60: 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): Anti-inflammatory medications.

Decision rationale: The patient was injured on 03/30/10 and presents with pain in his low back, cervical spine, and numbness along his elbow into the right small finger. The request is for

NAPROXEN (ALEVE DS, ANAPROX DS) 550MG #60. The RFA is dated 08/18/15 and the patient's current work status is not provided. There are two recent treatment reports provided, dated 03/13/15 and 04/14/15. The patient has been taking this medication as early as 03/13/15. MTUS Guidelines, Anti-inflammatory, page 22 states, "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." The patient is diagnosed with low back pain and degeneration of lumbar intervertebral disc. Neither the 03/13/15 nor the 04/14/15 report provided any significant physical exam findings. The treater does not specifically discuss efficacy of Naproxen on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naproxen IS NOT medically necessary.