

<b>Case Number:</b>	CM15-0173126		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48-year-old male who sustained an industrial injury on 10/24/14. The mechanism of injury was not documented. He underwent anterior cervical discectomy and fusion with anterior instrumentation at C4-C7 in on 4/28/15. The 6/30/15 treating physician report indicated the injured worker was doing well following surgery and was using Tylenol with good benefit for pain complaints. Pain was grade 2-3/10. He was to begin physical therapy. The 7/17/15 treating physician report indicated the injured worker had initiated physical therapy and was to try returning to full duty work. Pain was reported grade 3/10. The 8/10/15 treating physician report cited increased soreness and intermittent neck pain with return to work full duty. Pain was reported grade 5/10 with medications, and grade 7/10 without. Cervical spine exam documented tenderness with mild to moderate loss of range of motion, 4+/5 elbow extension weakness, and absent bilateral triceps and brachioradialis reflexes. The treatment plan recommended post-op physical therapy to focus on strengthening and transitioning into a daily home exercise program, and participation in gym exercise as able. The treatment plan recommended Norco 10/325 mg #90 and Naprosyn 550 mg #60. There was documentation of medication management with pain reduction, increased activities of daily living, no significant side effects, and no concern for aberrant behavior. Authorization was requested for Norco 10-325 mg #90 and Naprosyn 550 mg #60. The 8/26/15 utilization review partially certified the request for Norco 10/325 mg #90 to #60 to allow for weaning due to non-compliance with documentation of medication management. The request for Naprosyn 550 mg #60 was based on lack of objective functional benefit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of Hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. For acute pain, guidelines support a short course of opioid medication as an option but state that opioids should not be used for more than 2 weeks. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria were met for short-term use of Norco for the reported flare-up of cervical pain with return to work full duty. The 8/26/15 utilization review modified this request for Norco 10/325 mg #90 to #60. There is no compelling rationale to support the medical necessity of additional opioid medication for the reported flare-up. Therefore, this request is not medically necessary.

**Naprosyn 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The California MTUS guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Naprosyn are indicated for short term lowest dosage treatment of symptoms associated with chronic back pain and as a second line option for acute exacerbations of chronic back pain. Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. NSAIDs are recommended for short-term symptomatic relief in patients with chronic back pain. Guideline criteria have been met. This injured worker presents with a flare-up of his neck pain with return to work full duty. Pain had

been managed previously with Tylenol with apparent ineffectiveness requiring additional medication. The use of non-steroidal anti-inflammatory drugs is recommended as a second line option for acute exacerbations of spinal pain. This request is reasonable given the injured worker's participation in physical therapy rehabilitation and to allow for continued full duty work. Therefore, this request is medically necessary.