

<b>Case Number:</b>	CM15-0173741		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 26-year-old male who sustained an industrial injury on 3/25/14. The mechanism of injury was not documented. He underwent left L5/S1 microdiscectomy and decompression on 4/22/15. The 7/24/15 treating physician report cited intermittent mild post-operative low back pain with associated stiffness and soreness. He denied lower extremity radicular pain. He reported numbness and tingling sensation in both feet with prolonged sitting, and inner groin pain. Current medications included Norco, Soma, Ultram, and Anaprox DS. He was status post lumbar surgery on 4/22/15 with 30-40% improvement. He had not begun physical therapy treatment yet. Physical exam documented lumbar range of motion limited to flexion 45, extension 10, and lateral flexion 15 degrees. Orthopedic testing was negative, and there was slight lower extremity paresthesia. Gait was slow. The treatment plan recommended post-op lumbar spine physical therapy 2x4 and continuation of Norco 10/325 mg one twice daily as needed for pain and Anaprox DS 550 mg one twice daily with meals. Authorization was requested for Norco 10/325mg, quantity 60, and Anaprox 550mg, quantity 60. The 8/12/15 utilization review non-certified the request for Norco 10/325 #60 as the injured worker was 3 months post surgery with no current evidence of significant pain, current medication use, or functional effects of this medication. The request for Anaprox 550 mg #60 was non-certified as there was no evidence why this medication was needed rather than over-the-counter medication, duration of use, or benefit of use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, quantity: 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): Opioids, specific drug list, Opioids, criteria for use.

**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. 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 have not been met for on-going use of Norco in the absence of guideline required documentation. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use. There is no documentation of current Norco use or significant pain to warrant continued opioid pain medication. Therefore, this request is not medically necessary.

**Anaprox 550mg, quantity: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The California MTUS guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Anaprox 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 not been met for continued use of Anaprox. There is no current pain assessment indicating what pain reduction benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication to support the medical necessity of continued use. Therefore, this request is not medically necessary.

