

<b>Case Number:</b>	CM15-0174667		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/24/2000
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Illinois

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 58 year old male, who sustained an industrial-work injury on 10-24-00. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), lumbar radiculitis, lumbar Herniated Nucleus Pulposus (HNP), cervical degenerative disc disease (DDD) and cervical radiculitis. Treatment to date has included pain medication including Norco since at least 3-11-15, Naproxen since at least 2014, Tramadol, Flexeril, diagnostics, injection, and other modalities. The medical records indicate worsening of the activities of daily living. Medical records dated 6-17-15 indicate that the injured worker complains of severe low back pain and recently had to go to the urgent care due to increased pain. The medical records indicate worsening of the activities of daily living. The work status is not noted. The physical exam dated 6-17-15 reveals tenderness to palpation and decreased and limited range of motion of the thoracolumbar spine and spasm of the thoracolumbar paraspinal muscles. There is no previous urine drug screen reports noted. The requested services included Norco 10-325 mg Qty 45 and Naproxen 500 mg Qty 45. The original Utilization review dated 8-18-15 modified the request for Norco 10-325 mg Qty 45 modified to Norco 10-325 mg Qty 30 for weaning. The request for Naproxen 500 mg Qty 45 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 45: 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 10-24-00. The medical records provided indicate the diagnosis of lumbar degenerative disc disease (DDD), lumbar radiculitis, lumbar Herniated Nucleus Pulposus (HNP), cervical degenerative disc disease (DDD) and cervical radiculitis. Treatment to date has included pain medication including Norco since at least 3-11-15, Naproxen since at least 2014, Tramadol, Flexeril, diagnostics, injection, and other modalities. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg Qty 45. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 03/2015, but with no overall improvement. The injured worker is not being monitored for pain control), activities of daily living, adverse effects and aberrant behavior. The request is not medically necessary.

**Naproxen 500 mg Qty 45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

**Decision rationale:** The injured worker sustained a work related injury on 10-24-00. The medical records provided indicate the diagnosis of lumbar degenerative disc disease (DDD), lumbar radiculitis, lumbar Herniated Nucleus Pulposus (HNP), cervical degenerative disc disease (DDD) and cervical radiculitis. Treatment to date has included pain medication including Norco since at least 3-11-15, Naproxen since at least 2014, Tramadol, Flexeril, diagnostics, injection, and other modalities. The medical records provided for review do not indicate a medical necessity for Naproxen 500 mg Qty 45. The MTUS recommends the use of the lowest dose of NSAIDs for the short term treatment of moderate to severe pain. They are intended only for acute use due to the side effect, including kidney failure, hypertension, delayed wound and bone healing, if used for a long time. Also, the MTUS requires monitoring of blood pressure, blood count, kidney and liver functions, if these medications are used for an extended period. The medical records indicate the injured worker has been on this medication for a long time without overall improvement, or evidence he is being monitored for the side effects. The request is not medically necessary.