

Case Number:	CM15-0075865		
Date Assigned:	04/27/2015	Date of Injury:	09/20/2008
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 47-year-old female, who sustained an industrial injury on 9/20/08. She reported low back and left leg injury. The injured worker was diagnosed as having chronic lumbosacral spinal pain, probable radiculopathy to left lower extremity, left hip pain and rule out tear of the labrum and obesity. Treatment to date has included oral medications including Naprosyn and Norco, physical therapy. (MRI) magnetic resonance imaging myelogram of low back and ankle and (MRI) magnetic resonance imaging arthrogram were performed. Currently, the injured worker complains of stiffness, numbness in left arm, sharp pain and hip pain. The injured worker states her condition improves with massage and rest and worsens with stretching and lifting. On physical exam, tenderness is noted in paraspinous area of lumbar spine with decreased range of motion of right ankle. Treatment plan included continuation of Cymbalta, Naprosyn, Norco, Prilosec, Topamax and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #250: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. This patient has been using Norco chronically since at least July 2013 with no evidence of significant reduction in subjective pain or increase in function. There have been at least two separate recommendations for weaning on 8/30/13 and 2/19/14. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 MG #250 is determined to not be medically necessary.

Naprosyn Tab 500 MG #60 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications section NSAIDs Specific Drug List and Adverse Effects section Page(s): 22, 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Despite long term use of Naprosyn, the injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Naprosyn Tab 500 MG #60 with 3 Refills is considered to not be medically necessary.