

<b>Case Number:</b>	CM15-0077685		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 51 year old female, who sustained an industrial injury on 4/13/12. She reported pain in her lower back and right hip related to being knocked over by a heavy object. The injured worker was diagnosed as having status post lumbar decompression and low back pain. Treatment to date has included physical therapy, chiropractic treatment, a lumbar MRI and pain medications. On 10/9/14, the injured worker rated her pain 6/10 in her lower back. The subsequent progress notes rate the pain 6-7/10 in the lower back. As of the PR2 dated 3/5/15, the injured worker reports 6/10 pain in her lower back with left lower extremity symptoms. She is able to complete activities of daily living with current medications. The treating physician noted limited range of motion due to pain and a positive straight leg raise test. The treating physician requested Hydrocodone 10/325mg #60 and Naproxen 550mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 51 year old female has complained of low back pain since date of injury 4/13/12. She has been treated with physical therapy, surgery and medications to include opioids since 11/2014. The current request is for Hydrocodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone is not indicated as medically necessary.

**Naproxen 550mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 51 year old female has complained of low back pain since date of injury 4/13/12. She has been treated with physical therapy, surgery and medications to include NSAIDS since 11/2014. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 3 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not indicated as medically necessary in this patient.