

<b>Case Number:</b>	CM14-0140868		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 37-year old with a reported date of injury of 03/19/2012 that occurred after bending down to pick up an object at work. Previous treatment modalities have included chiropractic care. The patient has the diagnoses of sciatica, disorder of the sacrum and lumbar degenerative disc disease. Per the most recent progress reports provided by the primary and requesting physician dated 08/15/2014, the patient had complaints of low back pain that is rated a 3-4/10 with pain medications. Physical exam noted no abnormalities. Treatment plan included exercise program and medications. The patient has refused epidural steroid injections and was unable to attend a functional restoration program due to distance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Bit/APAP 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California MTUS states that continued use of opioids should be considered when the patient is able to return to work or there is significant improvement in pain

and function. The long-term use of this medication for back pain is not recommended. This patient has not undergone alternative therapy besides initial chiropractic care. Though there is noted improvement in pain by the pain scale, there is no significant noted improvement in function. Criteria for ongoing and continued use per the California MTUS have not been met. Therefore the request is not medically necessary.

**Naproxen Sodium / Anaprox 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and low back pain states: Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008). Naprosyn or naproxyn: 250-500 mg PO twice daily. The maximum dose of this medication for long term use is BID, The amount requested is in excess of these guideline recommendations. There is no documentation provided to justify the excess in dose which comes with significant risk as defined above. For these reasons the request is not medically necessary.