

<b>Case Number:</b>	CM13-0022505		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of April 2, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; prior knee medial and later meniscectomy surgery; prior knee anterior cruciate ligament reconstruction surgeries; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent restrictions in place. In a Utilization Review Report of August 23, 2013, the claims administrator denied a request for Naprosyn and Tylenol No. 3. The applicant's attorney later appealed. The applicant reports no change in symptoms. He is given refills of Tylenol No 3 and Naprosyn with five refills a piece. Permanent work restrictions are again renewed. The applicant reports on an August 14, 2013 questionnaire that he is having difficulty doing lot of tasks, reports persistent pain, is a little depressed and anxious, can only pull and lift light objects, and that pain interferes with his ability to travel. He does not appear to have returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Tylenol #3 , #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Please note the following citation from the Chronic Pain Medical Treatment Guidelines Page 80 of 127: "When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)." As noted on page 80 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and reduce pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that the applicant has returned to work. It does not appear that the applicant reports improvement in function and/or diminution in pain as a result of ongoing opioid usage. Therefore, the request is not certified.

**One prescription of Naproxen 550mg, #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Please not the following citation from Chronic Pain Medical Treatment Guidelines Page 22 of 127: "Anti-inflammatory medications For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP (Schnitzer, 2004)." Page 22 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications such as Naproxen do represent the traditional first-line of treatment for various chronic pain conditions. However, the applicant has failed to effect any lasting benefit or functional improvement through prior usage of Naproxen. The applicant has seemingly failed to return to work. There is no evidence of diminished work restrictions, improved work status, or reduction in dependence on medical treatment. The applicant is not even exhibiting the requisite pain relief with Naprosyn, it appears. Therefore, the request is likewise non-certified. ❌❌