

<b>Case Number:</b>	CM14-0192899		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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 injured worker is a 39 year-old female with a date of injury of March 11, 2013. The patient's industrially related diagnoses include cervical strain, cervical radiculopathy, lumbar spine strain, lumbar disc protrusion at L5-S1, right lumbar radiculopathy, right rotator cuff tendonitis syndrome, right lateral epicondylitis, and bilateral wrist tendonitis with carpal tunnel syndrome. The injured worker had a lumbar spine MRI on 5/16/2013 that revealed a 2 mm posterior disc bulge at L5-S1, an EMG/NCV of bilateral lower extremities on 10/30/2014 that was normal, and an EMG/NCV of bilateral upper extremities on 4/3/2013 that was normal. The disputed issues are Orudis 7.5mg #60 and Tylenol #3 300/30mg #60. A utilization review determination on 10/17/2014 had noncertified these requests. The stated rationale for the denial of Tylenol #3 (Tylenol with Codeine 300/30mg) was: "The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue." The stated rationale for the denial of Orudis was: "The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORUDIS 7.5MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Orudis 75mg (Ketoprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Ketoprofen is specifically recommended for mild to moderate pain. Within the submitted medical records available for review, there was no indication that Orudis was providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale). The medical records indicate that Orudis has been prescribed since 6/4/2014 without any documentation of derived benefit from its use. In the absence of such documentation, the currently requested Orudis 75mg #60 is not medically necessary.

**TYLENOL #3 300/30MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

**Decision rationale:** Regarding the request for Tylenol #3 (Tylenol with Codeine 300/30mg), the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the submitted medical records available for review, the requesting provider did not adequately document monitoring of the four domains. There was no indication that the medication was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no documentation regarding side effects. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for Tylenol #3 300/30mg #60 cannot be established at this time. The request is not medically necessary.

