

Case Number:	CM14-0194044		
Date Assigned:	12/01/2014	Date of Injury:	05/17/2007
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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 Ohio. 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 55-year-old male with a date of injury of May 17, 2007. He injured his low back and left knee while falling on top of a roof. He has constant low back pain and left knee pain that he rates as 9/10 without medication and 5-6/10 with medication. A recent MRI scan of the lumbar spine revealed multilevel disc herniation, ligamentous flavum hypertrophy, and neuroforaminal stenosis. An MRI scan of the left knee revealed evidence of osteoarthritis and a torn lateral and medial meniscus. The physical exam reveals tenderness and spasm of the paraspinal lumbar musculature with diminished range of motion. Straight leg raise testing has been positive bilaterally and there is diminished sensation in the S-1 dermatome region. The left knee reveals medial joint line tenderness a positive McMurray sign. The diagnoses include lumbar degenerative disc disease, lumbar facet hypertrophy, chondromalacia patella, osteoarthritis of the knees, and lumbar radiculopathy. There is a notation from years ago from the treating physician that previous lumbar facet injections have been ineffective. The injured worker recently stated that he thought he had had 2 previous lumbar epidural steroid injections which were not effective. The statement however is followed by an observation that the patient was a poor historian. The injured worker has received a variety of opioids over the last couple of years to include tramadol and hydrocodone. Evidently the tramadol was discontinued on October 30, 2014 and replaced with Tylenol No. 3. Naprosyn was continued from the previous month at 550 mg twice daily. The injured worker is currently being assessed for possible left knee arthroscopy. At issue are requests for Tylenol No. 3, Naprosyn 550 mg twice daily, and referral to pain management for consideration of possible lumbar epidural steroid injection(s).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 # 60: Overturned

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 Opioids Page(s): 74-96.

Decision rationale: Those treated with opioids chronically should have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. In this instance, it appears that injured worker is achieving some degree of pain relief from the medication although there is no comment regarding changes in functionality as a consequence of the medication. All that can be said is that the injured worker has not returned to work. Additionally, there appears to be no monitoring for aberrant drug taking behavior in the form of pharmacy database inquiries or urine drug screens. To be fair however the injured worker has not yet received definitive intervention in terms of left knee surgery and/or potential intervention with regard to the lumbar spine. Consequently, a lack of true benefit from the prescribed opioids may be more a function of inadequate analgesia provided pending definitive intervention. The prescription for Tylenol with Codeine does represent a different opioid than previously prescribed and hence a true benefit in terms of pain relief and/or functionality should not be expected. Consequently, Tylenol No. 3 # 60 is medically necessary. The treating provider is encouraged to monitor for aberrant drug taking behavior with this new medication.

Naproxen 550mg # 60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: NSAIDs such as Naproxen are recommended at the lowest dose for the shortest period in patients with moderate to severe pain from osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this instance, the naproxen is clearly being prescribed for a recommended indication, namely osteoarthritis of the knee. Pain relief is documented on September 25, 2014 as a consequence of the medications. The naproxen appears to have been in use continuously for only 2 months as of the date of the request and it seems that a knee surgery is likely in the near future. Therefore, Naproxen 550mg # 60 is medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment , 4/27/2007 page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections (ESIs), therapeutic

Decision rationale: The purpose of epidural steroid injections is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this instance, the injured worker has clear evidence of nerve root compromise by recent MRI imaging. He has symptoms of radicular pain and the physical exam supports nerve root compromise. A lumbar epidural steroid injection or injections are medically reasonable considerations. Epidural steroid injections are largely the purview of pain management physicians. Therefore, a Pain Management Consultation is medically necessary.