

<b>Case Number:</b>	CM15-0185028		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 40 year old male who sustained an industrial injury 04-07-12. A review of the medical records reveals the injured worker is undergoing treatment for discogenic cervical condition with multilevel disc disease, and bulging with foraminal narrowing and stenosis; thoracic and lumbar spine sprain, left knee sprain, impingement syndrome on the right, chronic pain, and sleep difficulties. Medical records (08-25-15) reveal no current complaints by the injured worker are documented. The physical exam (08-25-15) reveals abduction is not more than 110 degrees actively, with full passive internal rotation at 70 degrees. Some tenderness along the rotator cuff is noted, better after the second surgery per the injured worker. Prior treatment includes medications, right shoulder surgeries, physical therapy, and a TENS unit. The original utilization review (09-03-15) non certified the request for liver and kidney function tests, Naproxen 550 mg #60, Desyrel 50 mg #60, and Ultracet 37.5 mg #60. The documentation from 08-25-15 reports that the kidney and liver function testing was approved on 05-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 liver and kidney function test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function.

**Decision rationale:** Per MTUS guidelines, all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess (such as cirrhosis). Oral opioids are an option for treatment in those individuals. The documentation notes that the IW does not have hypertension or diabetes. As the IW had been approved for kidney and liver tests in May 2015 and there are no medical issues that would put the IW at high risk for kidney or liver issues, the retesting is not warranted. The request is not medically necessary and appropriate.

**Naproxen 550 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to MTUS guidelines, NSAID's are recommended as an option for short-term symptomatic relief of chronic low back pain. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the MTUS and ODG guidelines, NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. There is no documentation of a trial of acetaminophen or OTC NSAID's before use of a prescription NSAID. This request is not medically necessary and appropriate.

**1 prescription of Desyrel HCL 50 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

**Decision rationale:** Per ODG, pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). First-line treatment is recommended to be non-benzodiazepine sedative-hypnotics such as Ambien, Ambien CR, Sonata and Lunesta. Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with

coexisting depression. There was no mention in the case file of evaluation for insomnia or failure of first line treatment options. This request is not medically necessary and appropriate.

**1 prescription of Ultracet 37.5 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and appropriate.