

<b>Case Number:</b>	CM15-0187631		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on December 8, 2011, incurring right shoulder, and right knee injuries. She was diagnosed with a right shoulder complete rotator cuff tear, and right knee chondromalacia of the patella. Treatment included physical therapy and home exercise program, activity and work restrictions and modifications, cortisone injections to the right knee, anti-inflammatory drugs, and pain medications. She underwent a right shoulder arthroscopic rotator cuff repair. She has a past history of lumbosacral degenerative joint disease, lumbar disc herniation, and bilateral shoulder impingement and right hip osteoarthritis. Currently, the injured worker complained of persistent neck, shoulders, upper extremities, bilateral knees and right hip pain. She described her pain as sharp, stabbing, and piercing. She had stiffness, weakness, numbness, and tingling aggravated with sitting, standing, walking and repetitive motions that interfered with her daily activities of living. The treatment plan that was requested for authorization on September 23, 2015, included prescriptions for APAP-Codeine 300-30mg, #60 and Naproxen 550mg, #60. On September 9, 2015, a request for prescriptions for APAP-Codeine and Naproxen was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/Codine 300/30mg Qty 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The injured worker sustained a work related injury on December 8, 2011, incurring right shoulder, and right knee injuries. She was diagnosed with a right shoulder complete rotator cuff tear, and right knee chondromalacia of the patella. Treatment included physical therapy and home exercise program, activity and work restrictions and modifications, cortisone injections to the right knee, anti-inflammatory drugs, and pain medications. The medical records provided for review do not indicate a medical necessity for APAP/Codeine 300/30mg Qty 60. Therefore, the request is not medically necessary. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking opioids for a long time but with no overall improvement. The records indicate she is not properly monitored for pain control, activities of daily living, side effects and aberrant behavior.

**Naproxen 550mg Qty 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:** The injured worker sustained a work related injury on December 8, 2011, incurring right shoulder, and right knee injuries. She was diagnosed with a right shoulder complete rotator cuff tear, and right knee chondromalacia of the patella. Treatment included physical therapy and home exercise program, activity and work restrictions and modifications, cortisone injections to the right knee, anti-inflammatory drugs, and pain medications. The medical records provided for review do not indicate a medical necessity for Naproxen 550mg Qty 60. Therefore, the request is not medically necessary. The MTUS recommends the use of the lowest dose of NSAIDs for the short-term treatment of moderate to severe pain; no NSAID has more efficacy than the other. In addition, the MTUS recommends that individuals on NSAIDs be monitored for blood count, Liver and kidney functions. Naproxen is an NSAID. The medical records indicate she has been using NSAIDs at least since 2007, but with no evidence

of overall improvement. The medical records do not indicate the injured worker is being monitored.