

<b>Case Number:</b>	CM15-0193139		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old male who sustained an industrial injury on 5-9-14. The medical records indicate that the injured worker is being treated for right knee osteoarthritis; left groin and abdominal pain. He currently (8-24-15) continues to complain of ongoing bilateral hernia pain and medications are effective. In addition (per 8-11-15 note) he has right knee pain. His pain level with Tylenol #3 is 5 out of 10 and without the medication is 8 out of 10. His pain level was ranged from 5-6 out of 10 from 5-4-15 through 8-24-15. Movantik helps with his only side effect that of constipation. He is able to manage activities of daily living such as walking 1 and one half miles, and feeding his animals, with the aid of medication. He displays no aberrant behavior and his last urine drug screen dated 6-29-15 was negative for opioids because he had not taken the Tylenol #3 in about a week per 8-24-15 note. He uses Celebrex for relief of inflammation and it is working well (per 8-24-15 note) and this was started on the least visit after stopping naproxen, which was more irritating to his stomach. He walks slowly with a cane. On physical exam (8-11-15) of the right knee there was medial joint line tenderness, pain with patellar grind test and positive Steinmann maneuver. Treatments to date include (current) Tylenol #3 (since at least 5-4-15), Celebrex (started 7-27-15), Movantik (started 7-27-15); (prior) naproxen, Elavil; cortisone injection to the right knee (with a few days benefit, 6-22-15); status post umbilicus, bilateral hernia repairs (6-18-14). The request for authorization was not present. On 9-9-15 Utilization Review non-certified the requests for Tylenol #3 #120 with 3 refills and modified to no refills; Movantik 25mg #30 with 2 refills and modified to no refills; Celebrex 200mg #30 with 2 refills and modified to no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Tylenol #3 is not substantiated in the records. Therefore, the requested treatment is not medically necessary.

**Movantik 25mg, #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation [www.pdr.net](http://www.pdr.net): Movantik.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: movantik drug information and management of chronic constipation in adults.

**Decision rationale:** Movantik is prescribed for opioid related constipation. Medications for constipation are used after patient education, behavior modification and dietary changes. The records do not document that these modalities were trialed prior to using movantik. The records do not justify medical necessity for the movantik. Therefore, the requested treatment is not medically necessary.

**Celebrex 200mg, #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The medical necessity of naproxen is not substantiated in the records. Therefore, the requested treatment is not medically necessary.