

Case Number:	CM15-0195972		
Date Assigned:	10/09/2015	Date of Injury:	09/09/2005
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 66 year old male, who sustained an industrial injury on 09-09-2005. He has reported injury to the neck and low back. The diagnoses have included cervical spine sprain-strain with bilateral upper extremity radiculopathy; lumbar stenosis; status post lumbar laminectomy-discectomy in 2005; and bilateral lower extremity radiculopathy. Treatments have included medications, diagnostics, activity modification, acupuncture, physical therapy, injections, and surgical intervention. Medications have included Neurontin, Tylenol No. 3, and Naproxen. A progress note from the treating physician, dated 08-28-2015, documented an evaluation with the injured worker. The injured worker reported low back pain with frequent numbness and tingling of the left greater than right bilateral lower extremities; pain increases with lifting, bending, and stooping; frequent neck pain radiating to the bilateral upper extremities; and the six sessions of acupuncture were not helpful. Objective findings included cervical spine pain and tenderness to palpation, right greater than left; positive Spurling sign; lumbar spine tenderness and pain to palpation to the lumbosacral junction and bilateral sciatic notches, left greater than right; decreased lumbar range of motion; positive straight leg raising tests of the bilateral lower extremities; decreased bilateral lower extremity sensation; and a slow guarded gait and limp. The treatment plan has included the request for Tylenol #3 quantity 45; and Anaprox 500mg quantity 60. The original utilization review, dated 09-28-2015, non-certified the request for Tylenol #3 quantity 45; and Anaprox 500mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 quantity 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines (Pain Interventions and Treatments): "Acetaminophen (APAP) Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case- by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs." The CA MTUS continues to list indications for the use of APAP, which include osteoarthritis of the hip, knee and hand and chronic lower back pain. In this case, there is no evidence of the CA MTUS-specified indications for the use of APAP. Thus, the recommendation is for non-certification.

Anaprox 500mg quantity 60: Upheld

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

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 8/28/15. Therefore, determination is non-certification.