

Case Number:	CM15-0201869		
Date Assigned:	10/19/2015	Date of Injury:	01/16/2014
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female who sustained an industrial injury on 1-16-14. The injured worker reported pain in the knee and chest. A review of the medical records indicates that the injured worker is undergoing treatments for open patella fracture. Treatment has included status post right patella open reduction and internal fixation, Butrans patch, Gabapentin since at least August of 2015, Naproxen Sodium since at least August of 2015, Lidoderm Patch since at least August of 2015, Cyclobenzaprine since at least August of 2015, Lidocaine Patch since at least August of 2015, Tylenol number 3 since at least August of 2015, right knee magnetic resonance imaging (9-2-14), right knee radiographic studies (1-16-14), and a bone density scan. Objective findings dated 9-14-15 were notable for "no edema or tenderness palpated in any extremity." Normal muscle tone was noted in upper and lower extremities, muscle strength in all extremities was noted as 5 out of 5. The original utilization review (9-30-15) denied a request for Tylenol No. 3 - acetaminophen #45, Naproxen sodium - Anaprox 550mg #90 and Pantoprazole-protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 - acetaminophen #45: 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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in January 2014 when she tripped on the edge of the bed frame and struck her chest. She had right knee pain as she landed. She was found to have a fracture of the patella and underwent arthroscopic surgery with a partial patellectomy and patellar tendon repair. In February 2014, non-steroidal anti-inflammatory medication was causing stomach upset. When seen, she was having knee and chest pain. She had developed significant anxiety and depression. She had been seen in an Emergency Room due to side effects from Butrans, which had been discontinued. Physical examination findings included appearing in pain, fatigued, anxious, and tearful. There was an antalgic gait. Naproxen, Protonix, Tylenol #3 were prescribed. The naproxen dose was 550 mg every 12 hours. In this case, the claimant had side effects when taking Butrans. Butrans is a partial agonist with a very high affinity for the -opioid receptor. Prescribing Butrans with another opioid medication such as Tylenol #3 may have caused the medication side effects. In terms of Tylenol #3, this is a short acting combination opioid used for intermittent or breakthrough pain. However, a pain assessment should include the current level of pain. In this case, VAS pain scores were not recorded. For this reason, the request is not medically necessary.

Naproxen sodium - anaprox 550mg #90: Overturned

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, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The claimant sustained a work injury in January 2014 when she tripped on the edge of the bed frame and struck her chest. She had right knee pain as she landed. She was found to have a fracture of the patella and underwent arthroscopic surgery with a partial patellectomy and patellar tendon repair. In February 2014, non-steroidal anti-inflammatory medication was causing stomach upset. When seen, she was having knee and chest pain. She had developed significant anxiety and depression. She had been seen in an Emergency Room due to side effects from Butrans, which had been discontinued. Physical examination findings included appearing in pain, fatigued, anxious, and tearful. There was an antalgic gait. Naproxen, Protonix, Tylenol #3 were prescribed. The naproxen dose was 550 mg every 12 hours. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.

Pantoprazole-protonix 20mg #60: Overturned

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, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in January 2014 when she tripped on the edge of the bed frame and struck her chest. She had right knee pain as she landed. She was found to have a fracture of the patella and underwent arthroscopic surgery with a partial patellectomy and patellar tendon repair. In February 2014, non-steroidal anti-inflammatory medication was causing stomach upset. When seen, she was having knee and chest pain. She had developed significant anxiety and depression. She had been seen in an Emergency Room due to side effects from Butrans, which had been discontinued. Physical examination findings included appearing in pain, fatigued, anxious, and tearful. There was an antalgic gait. Naproxen, Protonix, Tylenol #3 were prescribed. The naproxen dose was 550 mg every 12 hours. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take naproxen at the recommended dose and has a history of gastrointestinal upset. Although not a first line agent, use of a proton pump inhibitor is indicated. The request is medically necessary.