

<b>Case Number:</b>	CM15-0220007		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 male, who sustained an industrial injury on 6-19-2013. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement syndrome, left knee advanced medial compartment arthropathy with meniscus disruption, left elbow strain, and left hip strain. On 8-27-2015, the injured worker reported pain and instability of the left knee with left shoulder and left hip pain with stiffness. The Primary Treating Physician's report dated 8-27-2015, noted the injured worker reported a substantial improvement in the capacity to perform activities of daily living (ADLs) with use of his provided medications. The injured worker's current medications were noted to include Naproxen. The physical examination was noted to show the injured worker with an antalgic gait with marked tenderness along the medial joint line and very mild tenderness at the lateral joint line of the left knee. The left shoulder impingement sign remained positive with some crepitation with active motion of the shoulder and a superior labral anterior and posterior (SLAP) provocative test positive on the left. The treatment plan was noted to include prescribed medications of Naprosyn, Protonix, and Ultracet, pending authorization for a left knee unloading brace, a left knee surgical consultation, left shoulder surgical consultation, and a urine drug screen (UDS). The injured worker's work status was noted to be at maximal medical management. The request for authorization was noted to have requested Ultracet 37.5-325mg #60 and Naprosyn 550mg #60. The Utilization Review (UR) dated 10-14-2015, non-certified the requests for Ultracet 37.5-325mg #60 and Naprosyn 550mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ultracet 37.5/325mg #60:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 6-19-2013. The medical records provided indicate the diagnosis of left shoulder impingement syndrome, left knee advanced medial compartment arthropathy with meniscus disruption, left elbow strain, and left hip strain. Treatments have included Naproxen. The medical records provided for review do not indicate a medical necessity for Ultracet 37.5/325mg #60. 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 use of opioids for longer than 70 days 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 was taking only Naproxen at this time; the injured worker's pain was not documented on a numerical scale, though the report stated the medications significantly improved pain. The medical records indicate the treatment did not follow the MTUS guidelines for therapeutic trial of opioids. This includes having the injured worker set goals; having baseline pain and functional assessments. The function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Therefore the request is not medically necessary.

### **Naprosyn 550mg #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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The injured worker sustained a work related injury on 6-19-2013. The medical records provided indicate the diagnosis of left shoulder impingement syndrome, left knee advanced medial compartment arthropathy with meniscus disruption, left elbow strain, and left hip strain. Treatments have included Naproxen. The medical records provided for

review do not indicate a medical necessity for Naprosyn 550mg #60. The MTUS recommends the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. The MTUS states that Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension; therefore, they should be used only acutely. Also, when used for a long time, the MTUS records monitoring liver and kidney functions, as well as blood counts. The medical records indicate the injured worker has been using this medication at least since 04/2015, without any evidence of monitoring as recommended by the MTUS. The request is not medically necessary.