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| <b>Case Number:</b>   | CM15-0239878 |                              |            |
| <b>Date Assigned:</b> | 12/16/2015   | <b>Date of Injury:</b>       | 08/16/2001 |
| <b>Decision Date:</b> | 01/22/2016   | <b>UR Denial Date:</b>       | 11/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/08/2015 |

### 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 Jersey, New York

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 65 year old female who reported an industrial injury on 8-16-2001. Her diagnoses, and or impressions, were noted to include: left knee internal derangement, status-post arthroscopies x 2, left sacroiliac joint dysfunction, and status-post left shoulder arthroscopy and rotator cuff repair. No current imaging studies were noted, MRI of the left knee was said to have been done on 8-14-2014, noting martial meniscectomy with truncation with recurrent degenerative tearing, and tri-compartmental osteoarthritis. Her treatments were noted to include medication management. The orthopedic surgeon's progress notes of 10-27-2015 reported: continued left shoulder pain, rated 2 out of 10 without medications, continued left knee pain, rated 8 out of 10 without medications and 3 out of 10 with, and difficulty with activities of daily living. The objective findings were noted to include: an antalgic gait with use of single-point cane, mild appreciable swelling of the right knee and bony prominence over the proximal tibia of the right knee, tenderness over the medial left joint line and proximal tibia, diminished range of motion of the patella-femoral joint, and decreased bilateral knee range-of-motion. The physician provided a sample of Vimovo 500-20 mg, and requested for treatment were noted to include ongoing urine toxicology screenings, and Tylenol No. 3 every 8 hours, #90. Tylenol No. 3, #90 with 2 refills was noted requested on 6-29-2015, 7-27-2015 & 9-17-2015. The Request for Authorization, dated 10-27-2015, was noted to include a prescription for Tylenol No. 3 every 8 hours, #90, and authorization for ongoing urine toxicology screenings. The Utilization Review of 11-24-2015 non-certified the request for Tylenol No. 3, #90, a sample of Vimovo 500-20 mg given on 10-24-2015, and ongoing urine toxicology screenings of 4 over the next year.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vimovo 500/20mg sample:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vimovo.

**Decision rationale:** The request is considered not medically necessary. MTUS guidelines do not address the use of Vimovo. According to MTUS guidelines, Vimovo is not considered first line therapy. A trial of Omeprazole and Naproxen or a similar combination is recommended before the use of Vimovo. There is no mention of other NSAIDS or PPI's the patient has tried. Therefore, the request is considered not medically necessary.

**Tylenol No.3 #90:** 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, criteria for use.

**Decision rationale:** The request for Tylenol #3 is not medically necessary. Tylenol #3 contains codeine and acetaminophen. The chart does not provide any documentation of improvement in function with the use of Tylenol #3. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented evidence of objective functional gains with the use of Tylenol #3, the long-term efficacy for chronic pain is limited, and there is high abuse potential, the request is considered not medically necessary.

**Ongoing urine tox screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** The request for a urine drug screen is considered not medically necessary. The patient's medications had included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use

and behavior. One of the ways to monitor for this is the use of urine drug screens. The patient will no longer be certified for opioids so a UDS is not needed. Therefore, this request is considered not medically necessary.