

Case Number:	CM14-0144714		
Date Assigned:	09/12/2014	Date of Injury:	07/07/2012
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31-year-old male who sustained a cumulative trauma injury from 11/1/02 through 03/07/12. He complained of pain in cervical and lumbar spine, bilateral shoulders down to the hands, pain from lumbar spine radiating to both lower extremities, abdominal pain on the left with lifting and also complained of hernia with rectal bleeding. He described the pain as deep and stated that it increases with cold temperatures. Exam revealed spasm, tenderness, and guarding in the cervical and lumbar paravertebral musculature; decreased sensation in the C6 and L5 dermatomes bilaterally; 4/5 strength of the bilateral deltoids; and loss of range of motion of the cervical and lumbar spine. Shoulder exam indicated positive impingement and Hawkins signs with decreased flexion and abduction bilaterally. He had completed physical therapy with minimal improvement, and the subacromial injection performed on 6/21/12 provided some temporary relief. He had prior lumbar surgery. He underwent an esophagogastroduodenoscopy with biopsy on 07/27/14. MRI of the lumbar spine in 2013 revealed dislocated disc. X-ray of the shoulder revealed mild AC degenerative change. Current medications are Mobic, Tramadol, Anusol suppositories, Ibuprofen, and Tylenol. Naprosyn was discontinued on 11/19/12 and Vicodin was prescribed. Diagnoses include right shoulder impingement, left shoulder impingement, and lumbar spine disc protrusion. The request for 1 prescription for Acetaminophen-Codeine #3 300-30mg #60 and 1 prescription for Naproxen 500mg #60 was denied on 08/18/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Acetaminophen-Codeine #3 300-30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen-Codeine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: Per guidelines, Codeine (Tylenol with Codeine; generic available) is a single active ingredient is classified by the DEA as a schedule II medication. Codeine in combination with acetaminophen is classified as schedule III. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. The medical necessity for Tylenol #3 300-30mg #60 has not been established based on guidelines and lack of documentation; therefore, the request is not medically necessary.

1 Prescription for Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The medical records do not demonstrate that this patient has obtained any benefit with the medication regimen. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. Long-term use of NSAIDs is not recommended. In the absence of objective functional improvement, refill of Naproxen is not supported by the medical literature. The request for 1 Prescription for Naproxen 500mg #60 is not medically necessary.