

<b>Case Number:</b>	CM15-0100451		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Arizona, California

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:

The injured worker is a 55 year old male who sustained an industrial injury on 08/12/2013. Current diagnoses include cervicothoracic strain/arthrosis/discopathy with central and foraminal stenosis, left shoulder possible rotator cuff tear and/or adhesive capsulitis, spondylolisthesis L5 and S1 with discopathy and foraminal stenosis, and status post ventral herniorrhaphy. Previous treatments included medications, epidural steroid injections, home exercise program, activity modification, and physical therapy. Initial injuries sustained included the low back. Report dated 04/23/2015 noted that the injured worker presented with complaints that included significant neck pain which radiates down the left arm, and low back pain that goes down the right and left side. Pain level was not included. Physical examination was positive for pain in the neck when raising the left shoulder that shoots down to the left hand, and positive straight leg raises bilaterally. The treatment plan included requests for refills of medication which included Naprosyn and Tylenol #3, he will work on home exercises, possible consideration of surgery if symptoms do not improve with pain management, request for referral, and left shoulder cannot be treated until radicular pain from the cervical spine is under control. Documentation supports long term use of Naprosyn and Tylenol #3. Disputed treatments include naproxen sodium DS and acetaminophen/codeine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen/Codeine 300/30mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Codeine is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Codeine in combination with NSAIDS for several months. Pain scores were not routinely documented. The continued use of Codeine is not medically necessary.

**Naproxen Sodium DS 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had been on Naproxen in combination with opioids for several months without routine documentation of pain scores. There was no indication for combining multiple classes of medications. Continued use of Naproxen is not medically necessary.