

Case Number:	CM15-0173290		
Date Assigned:	09/22/2015	Date of Injury:	11/01/2011
Decision Date:	10/26/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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 43 year old male, who sustained an industrial injury on 11-1-2011. The injured worker was diagnosed lumbar spine strain-sprain and disc bulge, right knee chondromalacia and synovitis, status post right knee arthroscopy, chondroplasty and synovectomy, thoracic spine strain-sprain and disc protrusion. The request for authorization is for: Tylenol number 3 with Codeine #30, Naproxen 500mg #60; and magnetic resonance imaging of the lumbar and or sacral vertebrae (vertebra NOC trunk) and office-outpatient visit. The UR dated 8-28-2015: non-certified the request for Tylenol number 3 with Codeine #30, Naproxen 500mg #60; and certified the request for magnetic resonance imaging of the lumbar and or sacral vertebrae (vertebra NOC trunk) and office-outpatient visit. The records indicate he has been utilizing Tylenol number 3 with Codeine since at least March 2015, possibly longer and Naproxen since at least January 2014, possibly longer. On 3-16-2015, he reported low back pain with radiation into the buttocks and right knee pain with occasional popping and buckling. Physical examination noted an abnormal gait, minimal limp on the right, no muscle spasm, no atrophy, positive for tenderness in the low back, decreased lumbar range of motion, and negative straight leg raise testing. The right knee examination revealed him to be unable to perform a full squat, tenderness and mild crepitus. He is placed on work restrictions. On 6-4-2015, he reported continued thoracic and lumbar spine pain and right leg pain with right knee swelling. Physical examination revealed thoracic and lumbar spine spasms, decreased range of motion, positive straight leg raise testing and weakness of right quadriceps. On 8-10-2015, he reported mid and low back pain with radiation into the bilateral lower extremities and right knee pain. He is noted

to take Naproxen as needed. The records do not discuss his current pain level, efficacy of the requested medications, or his current functional status. The treatment and diagnostic testing to date has included: medications, physical therapy, chiropractic therapy, magnetic resonance imaging of the right knee (12-2-2011 and 4-22-2014), magnetic resonance imaging of the lumbar spine (3-16-2012), right knee surgery (11-19-2014), and hyaluronic acid injections to the right knee, electrodiagnostic studies (11-1-11), and magnetic resonance imaging of the thoracic spine (3-16-2012), QME (1-29-2014), TENS unit, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 with codeine #30: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Tylenol #3 contains codeine which 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 Tylenol #3 for a year without significant improvement in pain or function. There was no mention of Tylenol (alone), Tricyclic or weaning failure. It was combined with NSAIDS. There was not of previous use of Tramadol. No one opioid is superior to another and long-term use of short-acting opioids is not recommended. The continued use of Tylenol #3 is not medically necessary.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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 months in combination with NSAIDS. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks Pain score reduction due to Naproxen alone cannot be extrapolated. Continued use of Naproxen is not justified and not medically necessary.

