

<b>Case Number:</b>	CM13-0009579		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

### 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 applicant has filed a claim for chronic right knee pain reportedly associated with an industrial injury of October 29, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior knee arthroscopy with meniscectomy on November 1, 2010; knee corticosteroid injections; and work restrictions. It does not appear the applicant has returned to work with limitations in place. In a utilization review report of July 9, 2013, the claims administrator denied a request for tramadol, Naprosyn, Prilosec, and laboratory testing. In a questionnaire of June 5, 2013, the applicant states that she is having issues with insomnia and states that she is "always" having stomach pain. The applicant states that she is also having issues with low back pain. In a June 11, 2013, progress note, it is stated that the applicant's pain ranges from 4-7/10. She exhibits 130 degrees of knee range of motion despite painful crepitation and forward flexion noted about the same. The applicant does have a mildly antalgic gait. X-rays apparently demonstrate arthritic changes. The applicant last had laboratory testing on August 14, 2012, demonstrating normal renal and hepatic function. She undergoes a corticosteroid injection and is asked to consider a weight loss program. A later note of July 23, 2013, is again notable for comments that the applicant's knee pain is deteriorating. She has a limp. She is having difficulty doing squatting, kneeling, and bending. The applicant is given work restrictions and asked to pursue a weight loss program. On an office visit of July 31, 2013, the applicant states that the medications, including tramadol and Naprosyn, do ameliorate her pain. The applicant apparently underwent laboratory testing on June 5, 2013, which was notable for normal renal and hepatic function. Multiple medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol 50 mg #30 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, the attending provider specifically stated that the applicant was deriving appropriate analgesia through usage of tramadol, although the attending provider apparently did not make any mention of the other analgesic medication being prescribed here, namely Naprosyn. Given the applicant's deteriorating knee arthritis, tramadol would appear to represent an appropriate option to combat the applicant's ongoing knee pain complaints as page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does state that tramadol is indicated in the treatment of moderate to severe pain. Given the applicant's seemingly favorable response to the same, the request is certified.

**1 prescription Naproxen Sodium 550mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** The applicant indicated in an earlier questionnaire that she is having issues with stomach pain and dyspepsia, likely as a result of ongoing Naprosyn usage. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, dyspepsia associated with NSAID usage can be treated by cessation of the offending NSAID. In this case, continuing Naprosyn in the face that the applicant is having ongoing issues with abdominal pain and dyspepsia does not appear to be indicated. Therefore, the request is not certified.

**1 prescription of Omeprazole 20 mg #60 between 6/5/13 and 9/6/13: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** Per the applicant's own self-reported questionnaire of June 5, 2013, she is having ongoing issues with abdominal pain/dyspepsia for which usage of omeprazole is

indicated. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

**1 med panel to evaluate liver and kidney function between 6/5/13 and 9/6/13: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, renal and hepatic function testing does represent part and parcel of routine suggested monitoring for those applicants using NSAIDs chronically. In this case, the applicant is an individual who is using an NSAID medication, namely Naprosyn, chronically. Performing periodic renal and hepatic function testing is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.