

<b>Case Number:</b>	CM13-0024143		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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:

Medical records from 2013 showed that the patient underwent arthroscopic surgery earlier in 2013. The patient continues to have persistent pain in the bilateral knees which is aggravated by movement and activity such as squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standing, and sitting. Physical exam of the bilateral knees demonstrated tenderness over the joint line. Patellar compression test was noted to be positive. Terminal flexion was noted to be painful and with the presence of crepitus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE NAPROXEN SODIUM TABLETS 550MG, QTY: 100, DISPENSED ON 8/13/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are useful in treating breakthrough and mixed pain conditions such as neuropathic pain, osteoarthritis, and back pain; there is no evidence for long-term effectiveness for pain and

function. In this case, the patient has been on NSAID medication since February 2013. However, the documentation did not provide any evidence of functional improvements with the use of NSAIDs such as improved activities of daily living. Therefore, the retrospective request for Naproxen sodium tablets 550mg, dispensed on 8/13/13 is not medically necessary and appropriate.

**OMEPRAZOLE DELAYED-RELEASE CAPSULES 20MG, QTY: 120, DISPENSED ON 8/13/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, state that proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been taking Omeprazole since February 2013 for stomach upset due to medications. However, more recent progress notes did not indicate the patient having GI upsets. There were no discussions concerning the patient's overall risk factor for gastrointestinal events. Therefore, the request for Omeprazole delayed-release capsules 20mg, quantity 120, dispensed on 8/13/13 is not medically necessary and appropriate.

**MEDROX PATCH #30, DISPENSED ON 8/13/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox contains Methyl salicylate/capsaicin 0.0375%/Menthol. The California MTUS states that there are no current indications for a capsaicin formulation of 0.0375%. Regarding the Menthol component, the MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor however, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the patient has been taking Medrox since February 2013. However, there is no indication of failure of oral pain medications. Therefore, the request for Medrox patch, #30 dispensed on 8/13/13 is not medically necessary and appropriate.

**TRAMADOL HYDROCHLORIDE ER 150MG, QTY: 90, DISPENSED ON 8/13/13:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking opioid pain medications since February 2013. However, objective documentation concerning pain relief and functional gains were not indicated in the progress notes. Adverse effects concerning opioid use were not reported. Therefore, the request for Tramadol Hydrochloride ER 150 mg, quantity 90 is not medically necessary and appropriate.